Name in Full: Abell, Elizabeth Ann.

CERTIFICATE OF DEATH

MARYLAND

Died at: Clarksville — Town: Clarksville — County: Howard

Date of death: Month: Aug — Day: 4 — Year: 1904 — Age: Years: 7 — Months: 5 — Days:

Sex: Female — Color or Race: White — Birthplace: Maryland.

Occupation: None — Where Residing if not at place of death: X

Married, Single or Widowed: Single — Name of Wife or Husband: X

Father's Name: X — Father's Birthplace:

Mother's Maiden Name: X — Mother's Birthplace:

Name of person giving Information: X — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Terminal Dementia — How long: 2 years.

Immediate: Pulmonary Tuberculosis — How long: 1 yr.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. Percy Wade.

Address: Clarksville, Md.

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU A88518

Name in Full: Laura Ackermann

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Oella — County: Balto

Date of death: Month: 1900 4 Aug — Day: 13 — Age: Years: 18 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: none — Where Residing if not at place of death:

Married, Single or Widowed: single — Name of Wife or Husband:

Father's Name: Louis Ackermann — Father's Birthplace: Balto

Mother's Maiden Name: Mary Corbin 113 — Mother's Birthplace: Towsen Md

Name of person giving Imformation: " — How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholelithiasis — How long: 1½ yrs

Immediate: Rupture of Gall Bladder — How long: 3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr C L Mantfeldt

Address: Catonsville Md

Accident or Suicide?

LIBRARY BUREAU Aa818

Name in Full: Lucy Albrecht

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Catonsville; County: Balto

Date of death: Month: Aug; Day: 22; 1904

Age: Years: 5-1; Months; Days

Sex: Female

Color or Race: White

Birthplace: Germany

Occupation: none

Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~

Name of ~~Wife of~~ Husband: Ernest Albrecht

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information:

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Mania — How long: 3 weeks

Immediate: Exhaustion from Mania — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. E. Emory M.D.

Address: Catonsville

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full

George W. Armacost

Certificate of Death

Died at Town: Trenton County: Baltimore MARYLAND

Date 19 04 | Month: 8. | Day: 30 | Age: Y. 70. M. 10. D. 21 | Native of: Md | Occupation: Farmer

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | Widow / Widower | ~~Divorced~~ | Number of children living: 1

Husband of / ~~Wife~~: Ellen Armacost

Father's Name: Michael Armacost Mother's Maiden Name: Barbara Zouck

Cause of Death — Primary: Rheumatism How long sick: 47

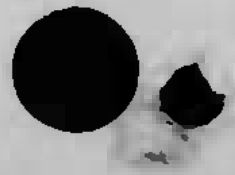
Immediate: Heart failure Accident, Suicide, Homicide

Reported by: Richard C. Wells M.D.

Address: Hampstead Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full: Mary Barberick

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Canton — County: Baltimore

Date of death: Month: Aug. — Day: 14th — 1904

Age — Years: 46 — Months: — Days: —

Sex: Female

Color or Race: White

Birthplace: Germany

Occupation: None

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name of ~~Wife or~~ Husband: Charles Baberick

Father's Name: dont know

Father's Birthplace: Germany

Mother's Maiden Name: dont know

Mother's Birthplace: Germany

Name of person giving information: Charles Baberick

How related to deceased: Husband

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis

How long: 10 Months

Immediate: & Exhaustion

How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: M. J. McAvoy M.D.

Address: 839 S. Canton Sq.

Accident or Suicide?

LIBRARY BUREAU A88516

Sacred Heart Cemetery

Aug. 17th 1904

Germanus Thance

Undertaker

Name in Full: Henry Baer Jr

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Middle River Md — County: Balto

Date of death	Month	Day	Age	Years	Months	Days
1904	Aug	26		33	—	—

Sex: Male

Color or Race: White

Birthplace: Md

Occupation: Lee Boarding House

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name of Wife or Husband: Anetta Baer

Father's Name: Henry Baer

Father's Birthplace: Germany

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: Katz - Dand

How related to deceased: Brother in law

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pr Tablets Opium Poisoning

How long:

Immediate: Suicide

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm J Jones Coroner

Address: Middle River Md

Accident or Suicide?

LIBRARY BUREAU

Name in Full

Margaret Jane Baker

Certificate of Death

Died at Town: Hoffmanville County: Baltimore MARYLAND

Date 1904 Month: August Day: 2 | Age Y. 1 M. 7 D. 25 | Native of: American | Occupation:

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single Widower ~~Number of children living~~

Husband of

Wife

Father's Name: Thomas E Baker

Mother's Name: Kate Flosdad

Cause of Death — Primary: Dysentary

How long sick: 7 days

Immediate: Exhaustion

~~Accident, Suicide, Homicide~~

Reported by: Wesley L. Slutz

Address: Glenville, Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full: Lawrence Albert Ballard Jr.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Towson — County: Balto

Date of death: 1904 — Month: Aug. — Day: 30 — Years: — — Months: 5 — Days: —

Sex: Male — Color or Race: (Col.) — Birthplace: Md

Occupation: Infant — Where Residing if not at place of death: Towson

Married, Single or Widowed — Name of Wife or Husband:

Father's Name: Thomas Ballard Jr — Father's Birthplace: Md.

Mother's Maiden Name: Rosa Cole — Mother's Birthplace: Md.

Name of person giving Information: Thomas Ballard Jr — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cerebral meningitis — How long: 14 Months

Immediate: Cardiac asthenia — How long: 6 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: per Raymond Green M.D.

Address: Towson Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Robt Elliott.

Name in Full

Certificate of Death

Charles Van Burton Benson

Died at Town: Roland Park County: Baltimore (In Northern Dist.) MARYLAND

Date 19 — Month: Aug. Day: 12 | Age Y.: — M.: 5. D.: 4 | Native of: Md | Occupation: —

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widowed~~ / ~~Widower~~ | ~~Divorced~~ / Nurse of ~~child~~ bearing

Husband of

Wife

Father's Name

Mother's Maiden Name

Cause of Death — Primary: Convulsions

Immediate: Paralysis Respiration

How long sick: 3 Days

Accident, Suicide, Homicide

Reported by Henry F. Cassidy M.D.

Address Roland Park - 405 Roland Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY OF STATE FORMS

E Madison Methd
1201 W Fayette St
Buried at
Druid Ridge
Cemetery

Name in Full: Robertleen Benton.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Arlington. County: Balto.

Date of death 1904: Month: Aug. Day: 6. Age: Years: 54. Months: 2. Days: 18.

Sex: Female. Color or Race: White. Birthplace: Kent Co Md.

Married, Single or Widowed: Married. Occupation: Mgr.

Name of Wife or Husband: Thomas W. Benton.

Father's Name: Thos Lusby. Father's Birthplace: Kent Co.

Mother's Maiden Name: Mary E Lusby. Mother's Birthplace: Kent Co.

Name of person giving Information: Thos W Benton. How related to deceased: Husband.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Locomotor Ataxia. How long: 10 years.

Immediate: Three weeks. Exhaustion. How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: M D Cox MD.

Address: Arlington, Md.

Accident or Suicide?

LIBRARY BUREAU A36816

Name in Full: Geo W Blizzard

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rosedale — County: Balto

Date of death 1904: Month: 8 — Day: 28 — Age: Years: 64 — Months — Days

Sex: M — Color or Race: W. — Birthplace: Md

Married, Single, Widowed: — Occupation: Engineer

Name of Wife: Kate V. Blizzard

Father's Name: John L Blizzard — Father's Birthplace: Md

Mother's Maiden Name: Gertrude Humphries — Mother's Birthplace: Md

Name of person giving information: F. H. Blizzard — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Diarrhea — How long: 3 wks

Immediate: Senile Debility — How long: 2 mos

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Mary A. Long M.D.

Address: Hamilton Md

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full: E C Bosworth

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Relay — County: Balto. Co

Date of death 1904: Month: August — Day: 31 — Age: Years: 64 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Baltimore Md

~~Married~~, Single or Widowed: Widowed — Occupation: Fireman. B & O. Shops

Name of Wife or ~~Husband~~: Ida F. Bosworth.

Father's Name: Peeley Bosworth. — Father's Birthplace: Mass.

Mother's Maiden Name: Rachah Lyet — Mother's Birthplace: Md

Name of person giving information: ~~Louis H~~ Wilbur H. Bosworth — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular Heart disease — How long: Since Apr. 29. 04

Immediate: Heart failure — How long: About 6 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Louis H. Spurrier M.D.

Address: Relay Balto. Co Md.

Accident or Suicide?

LIBRARY BUREAU A33510

Name in Full: Charles R. Boyle

CERTIFICATE OF DEATH

Died at: Town: St. Agnes Hosp. County: Balto. MARYLAND

Date of death: 1904 Month: August Day: 28 Age: Years 39 Months Days

Sex: Male Color or Race: White Birthplace: Baltimore

Occupation: none Where Residing if not at place of death: 1703 Lemmon St

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: Michael Boyle Father's Birthplace: Ireland

Mother's Maiden Name: Jane Cosgrove Mother's Birthplace: Ireland

Name of person giving information: Mary Boyle How related to deceased: Sister in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Bright's How long

Immediate: Pulmonary Oedema How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: T. O'Meara

Address: St Agnes Hosp'l

Accident or Suicide?

LIBRARY BUREAU A88816

St Peters Cemetery

Jas B. Cook.
Undertaker.

Name in Full: Laura C Bronitsky

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rossville; County: Balto

Date of death: 1904; Month: Aug; Day: 25; Age: Years: 25; Months: —; Days:

Sex: Female; Color or Race: White; Birthplace: Balto

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed; Name of Wife or Husband: Theodore Bronitsky

Father's Name: ; Father's Birthplace:

Mother's Maiden Name: ; Mother's Birthplace:

Name of person giving Imformation: Theodore Bronitsky; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Child Birth; How long: 1 day

Immediate: Heart Failure; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E Wallace

Address: Rossville Md

Accident or Suicide?

LIBRARY BUREAU

Name in Full: John Edward Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Dover — County: Baltimore

Date of death 1904: Month: Aug — Day: 21 — Age: Years: — Months: 4 — Days: —

Sex: Male — Color or Race: White — Birthplace: Dover

Married, Single or Widowed: — Occupation:

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm. Brown — Father's Birthplace: Balto Co

Mother's Maiden Name: Fannie Turnpaugh — Mother's Birthplace: Balto Co.

Name of person giving Information: Fannie Brown — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: 3 wks

Immediate: Exhaustion — How long: 2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. M. Slacter

Address: Reisterstown Md

Accident or Suicide?

LIBRARY BUREAU A88513

Name in Full: Margaret C. Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown; County: Balto

Date of death: 1904; Month: 8; Day: 25

Age: Years: ; Months: 6; Days:

Sex: Female; Color or Race: White; Birthplace: Md

Occupation: None; Where Residing if not at place of death: 426 Gratt St.

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: James. Brown; Father's Birthplace: Md

Mother's Maiden Name: Mary C. Hunt; Mother's Birthplace: Md

Name of person giving Information: James. Brown; How related to deceased: Father

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum; How long: 4 weeks

Immediate: Exhaustion; How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Dr. L. Grau M.D.

Address: 3 Eng Gough Highlandtown.

Accident or Suicide? No

LIBRARY BUREAU A66816

Holy Redeemer Cemetery

J. C. Stevens

Name in Full: Prince Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Baynesville; County: Balto.

Date of death 1904: Month: Aug; Day: 9

Age: Years: 72; Months: —; Days: —

TO BE ANSWERED BY NEAREST FRIEND

Sex: male	Color or Race: white	Birthplace: Balto. Co	
Married, Single or Widowed: widowed	Occupation: Labor		
Name of Wife or Husband: dead			
Father's Name: Wm. Brown		Father's Birthplace: unk.	
Mother's Maiden Name: Sallie France		Mother's Birthplace: unk.	
Name of person giving information: C. H. Simms		How related to deceased: Son in Law	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rheumatism Complication of Diseased Heart	How long: 7 years.
Immediate: Failure of vital forces	How long: 4 days.
Are the name, age, sex, color, date and place correctly given above? yes.	Signature of Physician: Mrs. O. G. Whiteford M.D.
	Address: Larkville. Md.
Accident or Suicide? —	

LIBRARY BUREAU A88516

John Burns Sons

Towson

Brown's Cem.

Baynesville

Name in Full: Thomas Stoothoff Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Washington. County: Baltimore

Date of death: Month: Aug. Day: 14. 1904

Age: Years: 0 Months: 0 Days: 39

Sex: male Color or Race: white Birthplace: Mt Washington Md

Occupation: —— Where Residing if not at place of death: ——

Married, Single or Widowed: single. Name of Wife or Husband: ——

Father's Name: Thomas M. Brown Father's Birthplace: Brooklyn N.Y.

Mother's Maiden Name: Anna Louise Cynard Mother's Birthplace: Brooklyn N.Y.

Name of person giving Information: Thomas M. Brown How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Entero-colitis How long: 3 weeks

Immediate: Asthenia How long: ——

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: William J. Todd M.D.

Address: Mt Washington Md

Accident or Suicide?

LIBRARY BUREAU A66516

A S Marshall
3539 Fall Road
Druid Ridge
Aug 15 - 04

Name in Full: Veloria Bryan

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Glyndon — County: Baltimore

Date of death 1906 — Month: Aug — Day: 16

Age — Years: 1 — Months: 2 — Days: 16

Sex: Female

Color or Race: Colored

Birthplace: Baltimore Md

Occupation:

Where Residing if not at place of death: Glyndon Md

Married, Single or Widowed: Single

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Clarence Bryan

Father's Birthplace: Baltimore Md

Mother's Maiden Name: Maggie Alexander

Mother's Birthplace: N. C.

Name of person giving information: Clarence Bryan

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Poison from administering Bichloride

How long: 18 hrs

Immediate: Shock

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J Rawlins

Address: Glyndon

Accident or Suicide? Accident

LIBRARY BUREAU AB5818

Name in Full: Charles Burke

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hoffmanville; County: Balto.

Date of death 1904: Month: August; Day: 20th; Age: Years: 69; Months: ; Days: 5

Sex: Male; Color or Race: White; Birthplace: Ireland

Married, Single or Widowed: Widower; Occupation: Farmer

Name of Wife or Husband: Elizabeth Ann Burke

Father's Name: Valentine Burke; Father's Birthplace: Ireland

Mother's Maiden Name: Mary Swan; Mother's Birthplace: "

Name of person giving information: Joseph Burke; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old age & Erysipelas; How long: 4 months

Immediate: Gangrene; How long: 6 weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. B. Warren M.D.

Address: Reisterstown Md

~~Accident or Suicide~~?

LIBRARY BUREAU A68318

Name in Full: Sarah E Burke

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Harrowsville; County: Balto

Date of death 1904: Month: Aug; Day: 20

Age: Years: 4; Months: 11; Days:

Sex: Female; Color or Race: white; Birthplace: Carroll Co. Md

Occupation:

Where Residing if not at place of death: Harrowsville

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Thomas H Burke; Father's Birthplace: Balto Co Md

Mother's Maiden Name: Olevenie Robert; Mother's Birthplace: " " "

Name of person giving information: Thomas H Burke; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Teething; How long: one week

Immediate: Congestion of Brain + Paralysis; How long: " "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. J. Hobb

Address: Randallstown

Balto Co

Accident or Suicide?

LIBRARY BUREAU A6581G

Name in Full: John T. Byrne

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Consumptives Hospital County: Balto

Date of death 1904: Month 8 Day 3 Years Age 39 Months Days

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male Color or Race: White Birthplace: Baltimore

Married, Single or Widowed: Married Occupation: Trunk maker

Name of Wife or Husband: Unknown

Father's Name: Unknown Father's Birthplace:

Mother's Maiden Name: Unknown Mother's Birthplace:

Name of person giving information: Mrs Hoffman How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis How long: one year

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H A Janell

Address: Towson Md

Accident or Suicide? No

LIBRARY BUREAU A88816

Evans & Spence

Baltd. Exchn

Talbott Co

Name in Full: Amelia Agustus Clark

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Owings Mills; County: Baltimore

Date of death 1904: Month: Aug; Day: 31

Age: Years: —; Months: 2 months; Days: 29

Sex: Girl

Color or Race: Colored

Birthplace: Owings Mills

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

Father's Name: Frank Clark

Father's Birthplace: Reisterstown Md

Mother's Maiden Name: Jane E. Dorman

Mother's Birthplace: Elkton Md

Name of person giving information: Frank Clark

How related to deceased: Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: about 2 weeks

Immediate: Erysipelas — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W H H Campbell

Address: Owings Mills. Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Hugh Coleman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt. Washington; County: Baltimore

Date of death: 1904; Month: Aug; Day: 29; Age: Years 67; Months —; Days

Sex: Male; Color or Race: White; Birthplace: Ireland

Occupation: Laborer; Where Residing if not at place of death: —

Married, ~~Single~~ or Widowed; Name of Wife or ~~Husband~~: Bridget Coleman

Father's Name: Unknown; Father's Birthplace: Unknown

Mother's Maiden Name: " ; Mother's Birthplace: "

Name of person giving Information: Wm Meagher; How related to deceased: Son in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Nephritis; How long: One Month

Immediate: Uremic Coma; How long: 24 Hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Elkanah E. Jones

Address: Mt Washington

Accident or Suicide?

LIBRARY BUREAU A89516

New Cathedral Cem—

(M Foley & Sons)

Name in Full: Eliza J Collings

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lutherville; County: Baltimore

Date of death: 1904 Month: Aug Day: 14

Age: Years: 77 Months: 9 Days: 11

Sex: Female

Color or Race: White

Birthplace: Maryland

Occupation: House wife

Where Residing if not at place of death:

Married, Single or Widowed: Widow

Name of Wife or Husband: Samuel Collings

Father's Name: Patrick Hammell

Father's Birthplace: Ireland

Mother's Maiden Name: Anna Harris

Mother's Birthplace: Pennsylvania

Name of person giving Imformation: David Collings

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy

How long: 3 days

Immediate: Paralysis

How long: 48 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. C. Peebles

Address: Lutherville Md

Accident or Suicide?

LIBRARY BUREAU A88016

Stewart - Mowrer
215 Park ave Balto
Md

for Grant Cemetery

Name in Full: Wm Collins

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Spring Point — County: Baltimore

Date of death 1904 — Month: Aug. — Day: 16 — Age — Years: 20 — Months: — — Days: —

Sex: Male — Color or Race: Negro — Birthplace: Maryland

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed — Name of Wife or Husband:

Father's Name: Daniel Collins — Father's Birthplace: Maryland

Mother's Maiden Name: Maggie Collins — Mother's Birthplace: Maryland

Name of person giving information: Thomas Mackey — How related to deceased: Step Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long:

Immediate: Exhaustion — How long: 48 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Ga Eldud M D.

Address: Spring Point

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Leon Councilman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sparrows Point; County: Baltimore

Date of death: 1904; Month: Aug.; Day: 5th

Age: Years: ; Months: 7; Days:

Sex: Male; Color or Race: White; Birthplace: Sparrows Point

Occupation: —; Where Residing if not at place of death: Sparrows Point

Married, Single or Widowed: —; Name of Wife or Husband: —

Father's Name: Wm G. Councilman; Father's Birthplace: M.d

Mother's Maiden Name: Emma Hurd; Mother's Birthplace: M.d

Name of person giving Imformation: Mrs J.C. Councilman; How related to deceased: Grandmother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum; How long: 1 week

Immediate: exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: G. C. McCormick M.D

Address: Sparrows Point M.d

Accident or Suicide? no

LIBRARY BUREAU A69516

Name in Full: Edward Culligan

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sparrows Point; County: Balt.

Date of death: Month: 8; Day: 1; Year: 1904

Age: Years: 12; Months: 11; Days: 29

Sex: Male; Color or Race: White; Birthplace: Penn.

Occupation: None; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Edward Culligan; Father's Birthplace: Penn

Mother's Maiden Name: —; Mother's Birthplace: Ireland

Name of person giving Imformation: Oscar Keys; How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Lightning; How long: —

Immediate: Shock; How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. W. Woodward M.D.

Address: Sparrows Point Md.

Accident or Suicide?

LIBRARY BUREAU A66016

Name in Full: Rev. John P. Dean

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Reisterstown; County: Baltimore

Date of death: Month: August; Day: 26, 1904

Age: Years: 81; Months: 9; Days: 17

Sex: Male

Color or Race: White

Birthplace: St. Mary's County

Occupation: Minister

Where Residing if not at place of death: Reisterstown

~~Married, Single~~ or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information: A. J. Kohler

How related to deceased: None.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old Age

How long

Immediate: Feeble Heart & Gradual decline of strength.

How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. M. Monk

Address: Glyndon, Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A86616

Name in Full: Charles F. E. Dey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Timonium; County: Balto.

Date of death: Month: August; Day: 3; 1904

Age: Years: 0; Months: 10; Days: —

Sex: Male

Color or Race: White

Birthplace: Md.

Occupation: Infants

Where Residing if not at place of death: Timonium

~~Married, Single or Widowed~~

~~Name of Wife or Husband~~

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Renard Dey

Father's Birthplace: Germany

Mother's Maiden Name: Lydia Pearce

Mother's Birthplace: Md.

Name of person giving information: Mrs. Dey

How related to deceased: Mother

105

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Entero-Colitis — How long: 12 hours

Immediate: Convulsions — How long: 3 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno Boyd Quee M.D.

Address: Govan Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A88616

Sentenced at
Glymalarie May 5-11.

Name in Full: Amelia Dirschner

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Hereford — County: Baltimore

Date of death 190 4 — Month: 8 — Day: 19 — Age — Years: 76 — Months: 4 — Days: 2

Sex: Female — Color or Race: White — Birthplace: Germany.

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: John C Dirschner.

Father's Name: Rudolph Bickel — Father's Birthplace: Germany.

Mother's Maiden Name: Giele — Mother's Birthplace: Germany.

Name of person giving information: Charles C Dirschner — How related to deceased: Son

65

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Softening — How long: Two Years

Immediate: Paralysis — How long: 36 hours.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. R. Mitchell.

Address: Mount Rose Md.

Accident or Suicide?

LIBRARY BUREAU A05510

Name in Full: Anna R. Doorsey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Consumptive Hospital; County: Balto

Date of death 1904: Month: Aug.; Day: 7; Years: Age 49; Months; Days

Sex: female; Color or Race: White; Birthplace: Howard Co

Married, Single or Widowed: Single; Occupation: Typewriter

Name of Wife or Husband: —

Father's Name: —; Father's Birthplace: —

Mother's Maiden Name: —; Mother's Birthplace: —

Name of person giving Information: Miss Hoffman; How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis; How long: One year

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. H. Jarrett

Address: Jodson, Md.

Accident or Suicide? No

LIBRARY BUREAU A88516

Wm J. Pickner & Sons

Camden & Para Sts

London Park

Name in Full: Angelea Draayer 141

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Loreley — County: Baltimore

Date of death	Month	Day	Age: Years	Months	Days
1904	8	21	77		

Sex: Female — Color or Race: White — Birthplace: Germany

Occupation — Where Residing if not at place of death

Married, Single or Widowed: widow — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: William Draayer — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cardiac Disease 3 months — How long: about 12 years

Immediate: General Dropsy — How long: 3 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M.D. Respectfully

Address: Baltimore Md

Accident or Suicide? —

LIBRARY BUREAU A88816

Name in Full: Isabella Duncan

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Romance — County: Balto Co

Date of death 1904: Month: Aug — Day: 21

Age: Years: 77 — Months: 11 — Days: 28

Sex: Female — Color or Race: White — Birthplace: Ireland

Married, Single or Widowed: Widow — Occupation: None

Name of Wife or Husband: Peter Duncan

Father's Name: James Duncan — Father's Birthplace: Ireland

Mother's Maiden Name: Eliz. McCoy — Mother's Birthplace: Ireland

Name of person giving information: Mrs Carr — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Debility - age — How long: Several years

Immediate: Failure of Vital Forces — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Lingard McClintock

Address: Fullerton, Md.

Accident or Suicide? No

LIBRARY BUREAU A88518

Henry Seitz

1007 N Bend St

Greenmount

Name in Full: Gillian Rita Duncan

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catonsville; County: Baltimore

Date of death: Month: Aug; Day: 22; 1904

Age: Years: 24; Months; Days

Sex: Female

Color or Race: White

Birthplace: Balto Md

Occupation: None

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband:

Father's Name: Geo N. Hoot

Father's Birthplace: U. S.

Mother's Maiden Name: Sarah Herbert

Mother's Birthplace: U. S.

Name of person giving In formation: Frank R. Duncan

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 20 mths

Immediate: A Coma — How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. Milton Smith

Address: 914 Eastman ave

Accident or Suicide? Died from Pulmonary Tuberculosis

LIBRARY BUREAU A66816

Name in Full: Amelia M Durall

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Long Green — County: Baltimore Co

Date of death 1904: Month: August — Day: third — Age: Years: Forty seven — Months: 3 — Days: —

Sex: Female — Color or Race: White — Birthplace: Baltimore

Occupation: — Where Residing if not at place of death: 2213 N Charles St

Married, Single or Widowed: Married — Name of Wife or Husband: Algernon S Durall

Father's Name: Herman von Kapff — Father's Birthplace: Germany

Mother's Maiden Name: Virginia Darcy — Mother's Birthplace: Baltimore

Name of person giving Information: A S Durall — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: 3 years.

Immediate: Pneumonia — How long: 3 days.

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician: Jno. S. Green

Address: Hillings Md.

~~Accident or~~ Suicide?

LIBRARY BUREAU A68516

Name in Full: Jacob E Ehalt

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Hope Retreat; County: Balto

Date of death	Month	Day	Age: Years	Months	Days
1904	Aug	19			

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male

Color or Race: White

Birthplace: Pa

Occupation: Cigar Manuft.

Where Residing if not at place of death: Pa.

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: Recds of Mt Hope.

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Melancholia

How long: 2 1/2 yrs.

Immediate: Exhaustion.

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat

Sub Registrar

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Annie M. Enders

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton; County: Baltimore

Date of death 1904: Month: Aug; Day: 17; Age: Years: 50; Months: 7; Days: 29

Sex: Female; Color or Race: White; Birthplace: Germany

Married, Single or Widowed: Widow; Occupation:

Name of Wife or Husband: Conrad Enders

Father's Name: Frederick Kalkle; Father's Birthplace: Germany

Mother's Maiden Name: Not known; Mother's Birthplace: Not known

Name of person giving Information: Conrad Enders; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Gastritis; How long: One week

Immediate: "; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. L. Richardson M.D.

Address: 714 E. Canton St.

Accident or Suicide? No

LIBRARY BUREAU A8881G

H Sanders from
Mr Leonard Cundy -

Name in Full: Mary Francis Ensor

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: White Hall; County: Balt

Date of death 1904: Month: 8; Day: 16; Age: Years: 67; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Md

Occupation: Housewife; Where Residing if not at place of death: —

Married, Single or Widowed: Married; Name of ~~Widow or~~ Husband: Thos E. Ensor

Father's Name: John Wise; Father's Birthplace: Md

Mother's Maiden Name: Annie Hunter; Mother's Birthplace: Md

Name of person giving information: John T. Ensor; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastric Catarrh (Chronic); How long: 1 year

Immediate: Heart Failure; How long: 1 month

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W R Morris

Address: Parkton Md

Accident or ~~Suicide~~?

LIBRARY BUREAU A38016

Name in Full: John Evering.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rossville. County: Balto.

Date of death: Month 8 Day 4 1904. Age: Years 33. Months ~ Days ~

Sex: Male. Color or Race: White. Birthplace: Germany.

Occupation: Farmer. Where Residing if not at place of death: Rossville.

Married, ~~Single or Widowed~~. Name of Wife or Husband:

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving In formation: C. E. Evering. How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis. How long: 1 year.

Immediate: Asthenia. How long: 6 mo.

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: J. C. Schofield.

Address: Highlandtown

~~Accident or Suicide?~~

LIBRARY BUREAU A66516

Name in Full Leroo N. Figgs

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) near Owings Mills (County) Balto

Date of death 1904	Month	Day	Age	Years	Months	Days
	Aug	22		52	—	—

Sex: Male

Color or Race: Colored

Birthplace: Balto City MD

Married, Single or Widowed: married

Occupation: Coachman

Name of Wife or Husband: Sarah E. Wall

Father's Name: Nelson Figgs

Father's Birthplace: Balto Co MD

Mother's Maiden Name: Mary Garner

Mother's Birthplace: St Mary Co

Name of person giving information: Sarah E Figgs

How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: about three year

Immediate: Heart failure — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm H Campbell

Address: Owings Mills Md

Accident or Suicide?

LIBRARY BUREAU A83516

Name in Full: Charles Fink

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown; County: Balto.

Date of death: Month: Aug; Day: 2; 1904

Age: Years: ; Months: 1; Days: 21

Sex: Male

Color or Race: White

Birthplace: Balto Co.

Occupation: None

Where Residing if not at place of death: 18 Eastern Ave Ext

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Henry Fink

Father's Birthplace: City

Mother's Maiden Name: Minnie Buddemeier

Mother's Birthplace:

Name of person giving information: Henry Fink

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 6 days

Immediate: Cardiac Exhaustion — How long: 12 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. A. Glantz,

Address: 41 Eastern Ave. Ext.

Accident or Suicide?

LIBRARY BUREAU A88816

Sentry Cemetery -

N Nicholas & Son

Name in Full: May Rebecca Fitch

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fullerton — County: Balto

Date of death 1904: Month: Aug — Day: 25 — Age: Years: 14 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Md.

Married, Single or Widowed — Occupation: Schoolgirl

Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm Fitch — Father's Birthplace: Md

Mother's Maiden Name: Lizzie Hack — Mother's Birthplace: Md

Name of person giving information: Wm Fitch — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 4 weeks

Immediate: Heart Failure — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C Ullman

Address: Rosedale Md

Accident or Suicide?

LIBRARY BUREAU A88919

Name in Full: Emily Ford

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Delight; County: Balto

Date of death 1904: Month: August; Day: Sat 13

Age: Years: 86; Months: 1; Days: 24

Sex: female; Color or Race: white; Birthplace: Delight

Married, Single or Widowed: single; Occupation: house work

Name of Wife or Husband: none

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Samuel Ford; Father's Birthplace: Delight

Mother's Maiden Name: Ellen Ford; Mother's Birthplace: Delight

Name of person giving information: Arthur Ford; How related to deceased: Nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age; How long: 2 years

Immediate: Heart failure; How long: One day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm Campbell

Address: Owings Mills Md

Accident or Sulcide?

LIBRARY BUREAU A88816

Name in Full: Still born

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown — County: Balto

Date of death: Month: 8, Day: 13, 1904 — Age: Years: — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: — — — Where Residing if not at place of death: — — —

Married, ~~Single~~ or ~~Widowed~~ — ~~Name of Wife~~ or Husband

Father's Name: Robert Francis — Father's Birthplace: Md

Mother's Maiden Name: Maria F McClure — Mother's Birthplace: Md.

Name of person giving Information: Robert Francis. — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carbonic Gass. poising — How long: —

Immediate: Asphixiation — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. C. Schofield.

Address: Highlandtown

Accident or Suicide?

LIBRARY BUREAU A88316

Wm S. Dye.

Mount Olivet Baltimore

Name in Full: Mary Fry

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Highland — County: Baltimore

Date of death 1904 — Month: Aug. — Day: 23 — Age — Years: 56 — Months: 2 — Days: 7

Sex: Female — Color or Race: White — Birthplace: Ireland

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: Frank Fry

Father's Name: William Brading — Father's Birthplace: Ireland

Mother's Maiden Name: Dont Know — Mother's Birthplace: Dont Know

Name of person giving Information: Frank Fry — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cute Bright's Disease — How long: 21 days

Immediate: Uremia — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo H Eberhart

Address: 1000 W 26th St

Accident or Suicide? Neither

LIBRARY BUREAU A66810

St Mary's Hampden

H Lander Mars

Name in Full: Marie A. Funk

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown; County: Baltimore

Date of death: Month: Aug. Day: 21st 1904

Age: Years: 2 Months: 7 Days: —

Sex: Female Color or Race: White Birthplace: Md.

Occupation: None Where Residing if not at place of death: —

Married, Single or Widowed: single Name of Wife or Husband: —

Father's Name: Michael Funk Father's Birthplace: Md

Mother's Maiden Name: Elizabeth Funke Mother's Birthplace: Md

Name of person giving information: Michael Funk How related to deceased: Father

08

V

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intussusception of bowels. How long: 3 days.

Immediate: Shock due to Operation How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C. Schofield

Address: Highlandtown

Accident or Suicide?

LIBRARY BUREAU A8516

Sacred Heart Cemetery

Aug. 23rd 1904

Germanus France

Undertaker

Name in Full Benjamin Garon

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Turner's Station — County: Baltimore Co

Date of death 190 4 — Month: Aug — Day: 27 — Age: Years — — Months — — Days —

Sex: Male — Color or Race: White — Birthplace: —

Married, Single or Widowed: — — Occupation:

Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: — — How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Accidented — How long: —

Immediate: Kicked by electric car — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Coroner John T. Mullen

Address: 516 O Donnell st

Accident or ~~Suicide~~?

LIBRARY BUREAU A69518

Dr. Scofield

Main ave.

City Register

Ellendam Michigan

London Ont.

Name in Full: Eugene B. Gibbons.

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Highlandtown (County) Balto.

Date of death | 1904 | Month 8 | Day 4 | Age: Years 16 | Months | Days

Sex: Male | Color or Race: White | Birthplace: Md

Occupation: Laborer. | Where Residing if not at place of death: 1413 Fifth St

Married, Single or Widowed: Single | Name of Wife or Husband: ——

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Albert F. Gibbons | Father's Birthplace: Pa

Mother's Maiden Name: Annie Hegenaurt | Mother's Birthplace: Pa

Name of person giving information: Albert F. Gibbons | How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Peritonitis | How long: 18 hours.

Immediate: Exhaustion. | How long: 1/2 hour

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Jas. L. Tyson M.D.

Address: 3 E. Eager

Highlandtown.

Accident or Suicide? No

LIBRARY BUREAU A88516

Wilmington

Mr Leonard Cuthbert

Name in Full: Albert Gilbert

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Violetville — County: Balto. Co

Date of death 1904 — Month: August — Day: 24 — Age: Years: 1 — Months: 0 — Days: 4

Sex: Male — Color or Race: White — Birthplace: Violetville

Married, Single or Widowed: Single — Occupation: None

Name of Wife or Husband: Teresa Gilbert

Father's Name: Charles Gilbert — Father's Birthplace: Balto.

Mother's Maiden Name: Teresa Ames — Mother's Birthplace: Balto.

Name of person giving Information: Helen Gilbert — How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro-Enteritis — How long: 2 weeks

Immediate: Toxemia & Asthenia — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Howard W. Jones M.D.

Address: Irving Ave Balto. Md.

Accident or Suicide? No

LIBRARY BUREAU A885 10

Name in Full: Sarah Ginder

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Hope Retreat; County: Baltimore

Date of death: Month: Aug; Day: 22nd; Year: 1904; Age: Years: 74; Months: —; Days: —

Sex: Female

Color or Race: White

Birthplace:

Occupation: Housewife

Where Residing if not at place of death: Baltimore Md -

Married, Single or Widowed: Widow

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving Information: Records of Mt Hope Retreat

How related to deceased: Not at all -

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mania Chronic -

How long: 12 yrs

Immediate: Acute Pul-Congestion & Cardiac Syncope -

How long: 3 hrs -

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Frank J. Flannery M.D.

Address: Mt Hope Retreat

Sub Registrar -

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Louisa Goeller

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Easton; County: Baltimor

Date of death: Month: Aug. Day: 28 1904

Age: Years: 41 Months: 3 Days: 6

Sex: Female Color or Race: White Birthplace: Germany

Occupation: Housewife Where Residing if not at place of death:

Married, Single or Widowed: Married Name of ~~Wife or~~ Husband: Adam Goeller

Father's Name: Christian Schnitzker Father's Birthplace: Germany

Mother's Maiden Name: dont know Mother's Birthplace: "

Name of person giving Information: Adam Goeller How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever How long: 3 weeks

Immediate: Cardiac Syncope How long: Short while

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. W. Williams M.D.

Address: 410 S. Patterson Pk. Av.

Accident or Suicide? No.

LIBRARY BUREAU A85515

Schwartz's Cemetery

Aug. 30th 1904

Germanus Ranca

Undertaker

Name in Full: Richard Gordon

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Lansdowne; County: Baltimore

Date of death 1904: Month: Aug.; Day: 3rd; Age: Years: 1; Months: 10; Days: 2

Sex: Male; Color or Race: Black; Birthplace: Howard Co. Md.

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

Father's Name: Richard Gordon; Father's Birthplace: Howard Co. Md.

Mother's Maiden Name: Harriet Hawkins; Mother's Birthplace: Howard Co. Md.

Name of person giving In formation: Richard Gordon; How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum; How long: 3 weeks

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank H. Ruhl

Address: Lansdowne Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: John C. Gray

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Hope Retreat — County: Baltimore

Date of death: Month: Aug — Day: 20th — Year: 1904 — Age: Years: 45 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Pa

Occupation: Hotel Keeper — Where Residing if not at place of death: Arlington Balto Co

Married, Single or Widowed: Married — Name of Wife or Husband: —

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving information: Recds of Mt Hope Retreat — How related to deceased: not at all

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Delirium — How long: —

Immediate: Cardiac Collapse — How long: 7 hrs —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat, Baltimore Md

~~Accident or Suicide?~~

LIBRARY BUREAU A888816

Name in Full: Sarah A. Green

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Shane; County: Baltimore

Date of death: 1904 Month: August Day: 17

Age: Years: 86 Months: 0 Days: 20

Sex: Female Color or Race: White Birthplace: Maryland

Occupation: Housewife Where Residing if not at place of death: E. Orange N. J.

Married, Single or Widowed: Widowed Name of ~~Wife~~ or Husband: Wesley Green

Father's Name: Micajah Meredith Father's Birthplace: Maryland

Mother's Maiden Name: Eleanor Meredith Mother's Birthplace: Maryland

Name of person giving In formation: M. M. Green How related to deceased: Son.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility How long: —

Immediate: Dysentery How long: 11 days

Are the name, age, sex, color, date and place correctly given above? yes!

Signature of Physician: W. Millard Stirling

Address: Shane Md

Accident or ~~Suicide~~?

LIBRARY BUREAU A88616

Name in Full: Albert Eugene Griffin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Miseburg; County: Balt

Date of death: Month: 4; Day: 15; Years: —; Months: 2; Days: 11

Sex: Male; Color or Race: White; Birthplace: Balt md

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John R. Griffin; Father's Birthplace: Pa

Mother's Maiden Name: Bertie Mays; Mother's Birthplace: Md

Name of person giving Information: Bertie Griffin; How related to deceased: Mother

1057

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro enteritis; How long: 10 days

Immediate: Meningitis; How long: 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R. R. Yonis

Address: Parkton Md

Accident or Suicide?

LIBRARY BUREAU A8851Q

Name in Full: Edith Hancock

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Back River — County: Balto

Date of death: Month: Aug — Day: 5 — Age: Years: — Months: 2 — Days: —

Sex: Female — Color or Race: colored — Birthplace: Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Henry Hancock — Father's Birthplace: Va

Mother's Maiden Name: Florence Smith — Mother's Birthplace: Md

Name of person giving Information: Jno Coburn — How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: about one week

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: [redacted]

Address: [redacted]

Accident or Suicide? No — [redacted] Dentur Coroner

LIBRARY BUREAU ABS518

Name in Full: Edward Hanley

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Harrisonville — County: Balto

Date of death 1904: Month: Aug — Day: 6 — Age: Years: 1 — Months: 5 — Days: 4

Sex: male — Color or Race: white — Birthplace: Harrisonville

Occupation: — Where Residing if not at place of death: Same

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Jos J. Hanley — Father's Birthplace: Balto Co Md

Mother's Maiden Name: Louisa Bankstal — Mother's Birthplace: Balto City Md

Name of person giving information: Louisa Bankstal — How related to deceased: Aunt

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebritis & Epl Colitis — How long: 6 days

Immediate: Coma & Exhaustion — How long: 7 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D. J. Stiples

Address: Granby Md

Accident or Suicide? —

LIBRARY BUREAU A88516

N. S. Marshall 3539 Fall Road
Orig - 7-04

Kelly Family Cemetery

Name in Full

Certificate of Death

Tresia Hainly

Died at Town Harrisonville County Balt MARYLAND

Date 1904 Month Aug Day 8 | Age Y. 3 M. 15 D. | Native of Md | Occupation —

Male / ~~Female~~ | White / ~~Black~~ | ~~Married~~ / Single / ~~Widow~~ / Widower / ~~Divorced~~ | Number of children living

Husband of —

Wife

Father's Name M. J. Hanly

Mother's Maiden Name Louisa Bankstat

Cause of Death: Primary Entro Colitis — How long sick 5 days

Immediate Convulsions, Auto Conv

Reported by N. J. Hanly

Address Granite Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70893

A. S. Marshall 3539 Fall Road
Aug -

Holy Family Cemetery

Name in Full: Katie Harpel

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Parkville; County: Baltimore

Date of death 1904: Month: 8; Day: 14

Age: Years: 42; Months: 6; Days:

Sex: F

Color or Race: Wi

Birthplace: Md

Married, ~~Single~~ or ~~Widowed~~

Occupation: House wife

Name of Wife or Husband: John C Harpel

Father's Name: Jer Rogers

Father's Birthplace: Md

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving information: John C Harpel

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dysentery with Complications

How long: about 3 weeks

Immediate: Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Lingard S. Whitefort

Address: Fullerton, Md.

Accident or Suicide? No

LIBRARY BUREAU A88818

Cadwyk Chapel

Name In Full

Still Born

Certificate of Death

Died at Granite Town County Baltimore MARYLAND

Date 1904 Month Aug Day 1 | Age Y. M. D. | Native of | Occupation

~~Male~~ Female ~~Female~~ Colored ~~Married~~ Single Widow Widower ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name Wm. Hawkins Mother's Maiden Name Bertha Arbutz

Cause of Death: Primary Still Born — How long sick

Immediate — Accident, Suicide, Homicide

Reported by A. D. Stuples M.D.

Address Granite Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full: Harry Lee Held

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Towson — County: Balto

Date of death 1904: Month: Aug. — Day: 2

Age: Years: 3 — Months: 1 — Days: 3

Sex: Male. — Color or Race: White — Birthplace: Towson

Married, Single or Widowed: Single — Occupation: none

Name of Wife or Husband: none

Father's Name: Harry Held — Father's Birthplace: Balto.

Mother's Maiden Name: Laura Lewis — Mother's Birthplace: N. Carolina

Name of person giving information: Miss Ida. Held. — How related to deceased: Aunt

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Burning by fire — How long: Instant.

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. W. Hardesty M. D.

Address: Towson, Md.

Accident ~~or Suicide~~?

LIBRARY BUREAU A88518

Jno. Burns Sons

Roosevelt Hill

Name in Full: Webster Reed Hendrix

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Parkton — County: Balt

Date of death: Month: 8 — Day: 12 — 1904

Age — Years: — Months: 2 — Days: 7

Sex: Male — Color or Race: White — Birthplace: Balt Md

Occupation: — Where Residing if not at place of death: Baltimore

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm L. Hendrix — Father's Birthplace: Md

Mother's Maiden Name: Hannah Leslie Reed — Mother's Birthplace: Ohio

Name of person giving Information: Wm L. Hendrix — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: 1 Month

Immediate: Exhaustion — How long: 5 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: B R Norris

Address: Parkton Md

~~Accident or Suicide~~?

LIBRARY BUREAU A66616

Name in Full: Eliza A Hicks

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Mt. Carmel — County: Balto

Date of death 1904 — Month: Aug. — Day: 17. — Age — Years: 77 — Months: 6 — Days:

Sex: Female — Color or Race: White — Birthplace: Balto. Co

Married, Single or Widowed: Widow — Occupation: Housekeeper

Name of Wife or Husband: Israel Hicks

Father's Name: Lemuel Garret — Father's Birthplace: Balto Co

Mother's Maiden Name: Anna Cooper — Mother's Birthplace:

Name of person giving information: George W. Thompson — How related to deceased: Son-in-law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hemorrhage — How long: 5 yrs

Immediate: Heart failure — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: B F Price

Address: Mt. Carmel.

Accident or Suicide? X

LIBRARY BUREAU A688J6

Name in Full: Katie V Hobson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Orlea — County: Baltimore Co

Date of death 1904 — Month: Aug — Day: 10 — Age — Years: 5 — Months: 11 — Days:

Sex: Female — Color or Race: White — Birthplace: Md

Married, Single or Widowed: —— — Occupation: ——

Name of Wife or Husband: ——

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Mark Hobson — Father's Birthplace: Md

Mother's Maiden Name: Kate L Richardson — Mother's Birthplace: Md

Name of person giving information: Mark Hobson — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid fever — How long: 2 weeks

Immediate: bronchial Pneumonia — How long: 5 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jno. M. B. Rogers M.D.

Address: Elliott City Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Mrs. Tracy Hoffman

CERTIFICATE OF DEATH

MARYLAND

Died on — Town: Chestnut Ridge — County: Balto.

Date of death 1904	Month	Day	Age	Months	Days
	8	25	74	10	17

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female — Color or Race: White — Birthplace: Germany

Occupation — Where Residing if not at place of death

Married, Single or Widowed: widow — Name of Wife or Husband: Casper Hoffman

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long

Immediate: Oedema of Lungs due to cardiac lesion — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. Thos. C Bussey

Address: Texas Md.

Accident or Suicide?

LIBRARY BUREAU A66316

To business at Texas
by Evans & Price

Name in Full: Mary A. Horan

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fork; County: Balto.

Date of death: Month: Aug; Day: 30; Year: 1904

Age: Years: 51; Months: ; Days:

Sex: Female

Color or Race: White

Birthplace: Harford

Occupation: House Wife

Where Residing if not at place of death:

Married, Single, Widowed: Widowed

Name of Husband: Patrick Horan

Father's Name: John Skeleton

Father's Birthplace: Ireland

Mother's Maiden Name: Catherine Doyle

Mother's Birthplace: Ireland

Name of person giving Information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever.

How long: 2 weeks

Immediate: Heart Clot.

How long: 2 hours.

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician: Jno. A. Green

Address: Gittings, Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: George S. W. Jackson

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Franklin Road County: Balto county

Date of death: Month: August Day: 1 Years: 79 Months: 5 Days: —

Age

Sex: Male Color or Race: White Birthplace: Maryland

Occupation: Retired Where Residing if not at place of death: Balto County

Married, Single or Widowed: Married Name of Wife or Husband: Cordelia Jackson

Father's Name: Samel Jackson Father's Birthplace: Md

Mother's Maiden Name: Satilla Mother's Birthplace: Md

Name of person giving In formation: George Jackson How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Progressive paralysis of brain How long: 2 years

Immediate: paralysis of heart How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. C. Smith

Address: Woodlawn Station Md

Accident or Suicide? —

LIBRARY BUREAU A6881C

Name In Full

Certificate of Death

Mrs. Julia W. Jackson

Died at Town: Roland Park, 325 Hawthorn Rd. County: Balto. MARYLAND

Date 19 24 Month: Aug Day: 16 | Age: Y. 74 M. D. | Native of: Md | Occupation: ——

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ | Number of children living: 6

Husband / Wife of Vincent R. Jackson deceased

Father's Name

Mother's Maiden Name

Cause of Death: Primary Myocarditis | How long sick 9 d. Few moments

Immediate Paralysis of Heart | ~~Accident, Suicide, Homicide~~

Reported by Henry F. Cassidy M.D.

Address Roland Park

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78808

E Madison Mitchell

Manchester

London Park

Cemetary

Name in Full: Catherine Ann James

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catonsville; County:

Date of death 1904: Month: Aug; Day: 14; Age: Years: 66; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Carroll Co Md

Married, ~~Single~~ or ~~Widowed~~; Occupation: —

Name of Wife or Husband: John W James

Father's Name: —; Father's Birthplace: —

Mother's Maiden Name: —; Mother's Birthplace: —

Name of person giving Information: John W James; How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute Indigestion; How long: about 12 hrs

Immediate: Asthenia; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D M. Stultz. M.D.

Address: Catonsville Md.

Accident or Suicide?

LIBRARY BUREAU A88510

Louden Park

Name in Full: Elizabeth Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Reisterstown; County: Balto

Date of death: Month: Aug; Day: 2; 1904

Age: Years: 79; Months: ; Days:

Sex: Female

Color or Race: white

Birthplace: Reisterstown Md

Occupation: House wife

Where Residing if not at place of death: near Reisterstown

Married, Single or Widowed: widow

Name of Wife or ~~Husband~~: George Johnson

Father's Name: Phillip Beckley

Father's Birthplace: Reisterstown Md

Mother's Maiden Name: Rebecca Choat

Mother's Birthplace: Balto co Md

Name of person giving information: Phillip Johnson

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis — How long: 3 or 4 yrs

Immediate: Coma — How long: 6 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: N. M. Sloan

Address: Reisterstown

Accident or Suicide?

LIBRARY BUREAU A86816

Name in Full: Frank Edward Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Springfield | (County): Hampden | Mass ~~MARYLAND~~

Date of death: Month: 1904 august | Day: 22d | Years: Age 27 | Months: 4 | Days: 15

Sex: male | Color or Race: White | Birthplace: Springfield Mass

Occupation: Tailor | Where Residing if not at place of death:

Married, Single or Widowed: Single | Name of Wife or Husband:

Father's Name: John James Johnson | Father's Birthplace: Boston Mass

Mother's Maiden Name: Maud Lillian Smith | Mother's Birthplace: Baltimore Md.

Name of person giving information: Mr Howard Black | How related to deceased: Cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis | How long: 4 years

Immediate: Pulmonary Hemorrhage | How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Harold E. Miner

Address: 618 West Soward St

Springfield Mass

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: George H. Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Lutherville — County: Baltimore

Date of death 1904: Month: August — Day: 16th — Years: Age 61 — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Baltimore Co. Md

Married, ~~Single~~ or Widowed — Occupation: Lime burner

Name of Wife ~~or Husband~~: Lucy Johnson

Father's Name: Wm Johnson — Father's Birthplace: Baltimore Co. Md

Mother's Maiden Name: Catherine Burke — Mother's Birthplace: —

Name of person giving Information: Lucy Johnson — How related to deceased: Wife

64

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy — How long: a few hours

Immediate: Paralysis — How long: a few hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Chalmers Peebles

Address: Lutherville Md

~~Accident~~ or ~~Suicide~~?

LIBRARY BUREAU A88516

Mrs Alex Henderson

Name in Full: Ella Elizabeth Jordan

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Baltimore — County: Baltimore

Date of death 190X — Month: aug — Day: 4th — Age — Years: — Months: 9 — Days: 24

Sex: Female — Color or Race: White. — Birthplace: Balto Co

Occupation: none — Where Residing if not at place of death: 3330 E Baltimore St.

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Thomas J Jordan — Father's Birthplace: Balto.

Mother's Maiden Name: Mary Elizabeth Bauler. — Mother's Birthplace: Balto.

Name of person giving In formation: Mary Elizabeth Jordan — How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteritis and diarrhoea — How long: Three days

Immediate: Exhaustion — How long: Ten hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Fred C Jewett

Address: 2208 Fulton Ave Baltimore

Accident or Suicide?

1957

LIBRARY BUREAU A88516

Mount Carmel Cemetery

Aug. 9 1/2 1904

Germanus Thance

Undertaker

Name in Full: T. Rubie Kelly

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Ashland / County: Balto.

Date of death 1904: Month: April / Day: 7th / Age: Years: 32 / Months / Days

Sex: Male / Color or Race: white / Birthplace: Raynds Balto

Occupation: Rail Road Employe / Where Residing if not at place of death: Ashland

Married, Single or Widowed: Married / Name of Wife or Husband: Mary Kelly

Father's Name: Edward Kelly / Father's Birthplace: Balto Co

Mother's Maiden Name: Elizabeth Wilhelm / Mother's Birthplace: Balto. Co.

Name of person giving information: Wife / How related to deceased: Sc

93

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia & Pleurisy / How long: Eight days

Immediate: Same / How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: B. F. Bussey M. D.

Address: Texas Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Funeral Yiddish Comedy
Col Bonnie 9

Please return Reel 5

Name in Full: Gertrude Kern

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown; County: Baltimore

Date of death: 1904; Month: Aug.; Day: 11th; Years: Age 3; Months: 10; Days: 11

Sex: Female; Color or Race: White; Birthplace: Baltimore Co Md.

Occupation: none; Where Residing if not at place of death: ——

Married, Single or Widowed: single; Name of Wife or Husband: ——

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Kern; Father's Birthplace: Md.

Mother's Maiden Name: Elizabeth Buttner; Mother's Birthplace: Md.

Name of person giving information: John Kern; How related to deceased: Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum; How long: 24 hours

Immediate: Exhaustion; How long: 3 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. L. Truax MD

Address: 3 and Gough Highlandtown

Accident or Suicide? No

LIBRARY BUREAU A8851¢

Sacred Heart Cemetery

August 14th 1904

Germanus France

Under later

Name in Full: Jeannette Kimberly

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Govanstown; County: Balto.

Date of death 1904: Month: Aug; Day: 7

Age: Years: —; Months: —; Days: 8

Sex: Female; Color or Race: White; Birthplace: Govanstown

Married, Single or Widowed: Infant.; Occupation: —

Name of Wife or Husband: —

Father's Name: Joseph Kimberly; Father's Birthplace: Balto. Md

Mother's Maiden Name: Bessie Ruth Shultz; Mother's Birthplace: Bath N.Y.

Name of person giving information: Joseph Kimberly; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchial Pneumonia; How long: 2 days.

Immediate: Exhaustion 2d; How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. D. Hess M.D.

Address: State Govans Balto Md

Accident or Suicide? —

Agreement

LIBRARY BUREAU A65516

A. C. Wiedefeld

914 Greenmount Ave

Greenmount

Name in Full: Unnamed Infant

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Middle River — County: Balto

Date of death 190 4: Month: Aug — Day: 27 — Age: Years: — Months: — Days: 8

Sex: Male — Color or Race: White — Birthplace: Md

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband:

Father's Name: Wm H Knight — Father's Birthplace: Md

Mother's Maiden Name: Florence Seabrooks — Mother's Birthplace: Md

Name of person giving Information: Wm H Knight — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Infantile Convulsions — How long: 1 day

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John W Harrison M D

Address: Middle River Md

Accident or Suicide? No

LIBRARY BUREAU A66516

Name in Full: Annie Krajawa

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Mt Carmel Road — County: Balt

Date of death 1904 — Month: 8 — Day: 8 — Age — Years: — Months: 4 — Days: —

Sex: Female — Color or Race: W — Birthplace: Balt County

~~Married~~, Single or Widowed — Occupation:

~~Name of Wife or Husband~~:

Father's Name: Frank Krajawa — Father's Birthplace: Germany

Mother's Maiden Name: Jozefa Zizyj — Mother's Birthplace: Germany

Name of person giving information: Frank Krajawa — How related to deceased: Father

1057

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro. Enteritis — How long: 3 weeks

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: David W. Jones

Address: 3116 O'Donnell St

Accident or Suicide?

LIBRARY BUREAU A80516

AUG 9 - 1904

Holy Rosary. cemetery

M. F. SADOWSKI undertaker

Name in Full: Margaret Knapp.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Hope Retreat County: Baltimore

Date of death: 1904 Month: Aug Day: 18th Age: Years: 62 (?) Months: (Bot. 72) Days:

Sex: Female Color or Race: White Birthplace: Ireland

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Widow Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving In formation: Records Mt Hope Retreat How related to deceased: Not at all.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Dementia How long: 3 or 4 yrs

Immediate: Cardiac Asthenia & How long: a couple of yrs.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat

Sub. Registrar.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Albert Henry Law

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton; County: Balto

Date of death: Month: Aug; Day: 23; 1904

Age: Years: ; Months: 4; Days:

Sex: Male

Color or Race: White

Birthplace: Balto Co.

Occupation: —

Where Residing if not at place of death:

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Child

Name of Wife or Husband:

Father's Name: Robert Law

Father's Birthplace: Balto Co.

Mother's Maiden Name: Margaret Mulvfeld

Mother's Birthplace: " "

Name of person giving information: Robert Law

How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro Enteritis

How long: 2 mos

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C. N. Athey

Address: 2 Hudson & Ed

~~Accident or Suicide?~~

LIBRARY BUREAU A88516

St Paul Cemetery-

Zapp Road

J. C. Schultz Son

Name in Full: Henrietta Lazarus

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Reisterstown Res. County: Baltimore

Date of death: Month: Aug. Day: 19- 1904 Age: Years: 52 Months: Days:

Sex: Female Color or Race: White Birthplace: Russia

Occupation: House-wife Where Residing if not at place of death:

Married, Single or Widowed: Widowed Name of Wife or Husband:

Father's Name: Benj. Cohen Father's Birthplace: Russia

Mother's Maiden Name: Frida Cohen Mother's Birthplace: "

Name of person giving information: How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Phthisis Pulmonalis How long: 2 years

Immediate: Ex. How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Copy

Accident or Suicide?

Signature of Physician: H. Lasin

Address: 926 Madison Ave. Baltimore

LIBRARY BUREAU A89516

Name in Full: Debbie Lewis

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Chase — Town: Balto — County

Date of death 190 x: Month: Aug — Day: 7 — Age: Years: 85 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Md

Married, Single or Widowed: — — Occupation

Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

79

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Regurgitation — How long: 4 yrs

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C. F. Mace

Address: Glenwood Md

Accident or Suicide?

LIBRARY BUREAU FORM 16

Name in Full: Henderson Love

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catonsville — County: Baltimore

Date of death: Month: August. Day: 23 — Years: Age 86 — Months — Days —

Sex: Male — Color or Race: Colored. — Birthplace: Virginia

Occupation: House servent — Where Residing if not at place of death: Catonsville.

~~Married, Single or~~ Widowed — Name of Wife or ~~Husband~~: Emelia Freil Love.

Father's Name: Matthews. — Father's Birthplace: Virginia

Mother's Maiden Name: Maria Love — Mother's Birthplace: "

Name of person giving Imformation: Maria Love. (wife) — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Rheumatism — How long: 40 yrs

Immediate: Asthenia & Pulmonary Congestion — How long: 30 minutes

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Marshall B West.

Address: Catonsville.

Accident or Suicide?

LIBRARY BUREAU A83516

Name in Full — Certificate of Death

Dora Bailey McCluskey

Died at Granite (Town) Balto (County) MARYLAND

Date 1904 Aug 15 | Age Y. 7 M. 4 D. 29 | Native of Md | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single Widower ~~Number of children living~~

Husband of —

Wife

Father's Name James McCluskey | Mother's Maiden Name Mary Kitzinger

How long sick

Cause of Death — Primary: Pulmonary Abscess (Tuberculous) Several months

Immediate: Cardiac Asthenia

~~Accident Suicide Homicide~~

Reported by Dr. J. Shipley Md

Address Granite Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73209

Name in Full

CERTIFICATE OF DEATH

MARYLAND

Died at Town: near Texas County: Balto.

Date of death 1904 Month: 8 Day: 14 Years Age: — Months: 2 Days:

Sex: female Color or Race: Colored Birthplace: Balto.

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: Father's Birthplace:

Mother's Maiden Name: Lizzie Marlsbury Mother's Birthplace:

Name of person giving Information: How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: How long: about a minute

Immediate: Exanition How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D. Thos. C. Bussey

Address: Texas Md.

Accident or Suicide?

LIBRARY BUREAU A33618

Name in Full: Marsh, George L

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cheverly. County: Prince.

Date of death: Month: Aug. Day: 29 1904. Age: Years: 74. Months: Days:

Sex: Male. Color or Race: White. Birthplace: Maryland.

Occupation: Insurance Agent. Where Residing if not at place of death: X

Married, Single or Widowed: Married. Name of Wife or Husband: X

Father's Name: X. Father's Birthplace:

Mother's Maiden Name: X. Mother's Birthplace:

Name of person giving Information: X. How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Dementia. How long: 3 yrs -

Immediate: Ch Interstitial Nephritis. How long: 18 mos

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J Percy Nash

Address: Cheverly, Md

Accident or Suicide? No

LIBRARY BUREAU A88016

Name in Full: Virginia Conradt Marten

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Green Spg & Petersville — County: Balto

Date of death 190 4: Month: Aug — Day: 30

Age: Years: 70 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Winchester Va

Occupation: None — Where Residing if not at place of death: Petersville

Married, Single or Widowed — Name of Wife or Husband: Wm Marten

Father's Name: H & F. Conradt — Father's Birthplace: Germany

Mother's Maiden Name: Emma Morgan — Mother's Birthplace: Do

Name of person giving Information: Wm Marten — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Phthisis — How long: 4 Years

Immediate: Asthenia from Phthisis — How long: 5 Months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A C Pole

Address: 2038 Madison Ave.

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Loscola Matthews

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catonsville; County: Baltimore

Date of death: 1904; Month: August; Day: 8

Age: Years: 1; Months: —; Days: —

Sex: female

Color or Race: Colored

Birthplace: Catonsville

Occupation: —

Where Residing if not at place of death: Catonsville

~~Married~~, Single or ~~Widowed~~

Name of ~~Wife~~ or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Robert Tyler.

Father's Birthplace: Catonsville

Mother's Maiden Name: Annie Matthews

Mother's Birthplace: "

Name of person giving Imformation: (Samah Matthews

How related to deceased: Grand Mother

92

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Broncho pneumonia — How long: 5 days

Immediate: Asthenia — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Marshall B. West

Address: Catonsville Md

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full: Frederick August William Middlecoff

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Randallstown; County: Baltimore County

Date of death: Month: August; Day: 6; Saturday; 1907

Age: Years; Months: 6 months; Days: 18 Days

Sex:

Color or Race: White

Birthplace: Randallstown

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William Middlecoff

Father's Birthplace: Baltimore County

Mother's Maiden Name: Lizzie Hellwick

Mother's Birthplace: Randallstown

Name of person giving information:

How related to deceased:

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastritis

How long: 1 month

Immediate: Marasmus

How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. C. Smith

Address: Powhatan Md

Accident or Suicide? —

LIBRARY BUREAU A&S516

Name in Full: Abbie Milburn

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Poplar Heights — County: Balto.

Date of death: Month: Aug. — Day: 21 — 1904

Age: Years: 85 — Months: — Days:

Sex: Female — Color or Race: Black — Birthplace: Balto. Co.

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name or Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Son — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

179

CAUSES OF DEATH

Primary: — How long:

Immediate: Natural Causes — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jos Blair J.P.

Address: Sparrows Point Md.

Accident or Suicide?

LIBRARY BUREAU A36516

Name in Full: Cathreina Miller

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Highlandtown — County: Balt County

Date of death: Month: August — Day: 28 — 1904

Age: Years: 84 — Months — Days

Sex: Femail — Color or Race: White — Birthplace: Gearmany

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of Wife or Husband: John Miller

Father's Name: Dont Know — Father's Birthplace: Gearmany

Mother's Maiden Name: " " — Mother's Birthplace: Gearmany

Name of person giving information: Christina Ruth — How related to deceased: Daughter

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma Vagina — How long: 1 yrs -

Immediate: Hemorrhage & Exhaustion — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. L. Treadwell

Address: 3 Eng Highlandtown, Md.

Accident or Suicide? No.

LIBRARY BUREAU A66616

Name in Full: Ethel May Miller

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Govanstown — County: Baltimore

Date of death: Month: Aug — Day: 4 — Year: 1904 — Age: Years ____ Months 1 Days 21

Sex: Female — Color or Race: White — Birthplace: Govanstown Md.

Occupation: Child — Where Residing if not at place of death: Govanstown

Married, Single or Widowed: ____ — Name of Wife or Husband: ____

Father's Name: John A Miller — Father's Birthplace: Pa

Mother's Maiden Name: Katie Myers. — Mother's Birthplace: Md.

Name of person giving Information: Katie M Miller — How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mal. Nutrition — How long: 4 weeks

Immediate: Enaemia — How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H C Hess M.D.

Address: [redacted] St. (Govans) Balto Md

Accident or Suicide? ____

LIBRARY BUREAU A66816

Jos B. Cook

1003 N. Balto st

Western Cemetary

Name in Full: John Miller

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Hope Retreat; County: Baltimore

Date of death: 1904; Month: Aug; Day: 19; Years: Age 41; Months: —; Days: —

Sex: Male; Color or Race: —; Birthplace: Md.

Occupation: Saloon Keeper; Where Residing If not at place of death: Baltimore

Married, Single or Widowed: Married; Name of Wife or Husband: —

Father's Name: —; Father's Birthplace: —

Mother's Maiden Name: —; Mother's Birthplace: —

Name of person giving In formation: Rec'd Mt Hope Retreat; How related to deceased: Not at all

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Albuminuria; How long: 13 mos

Immediate: Ex- Uraemia Coma; How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat / Mt Hope P.O.

Accident or Suicide? —

LIBRARY BUREAU A68816

Name in Full: John H. Miller

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bentley — County: Baltimore

Date of death: 1904 — Month: 8 — Day: 26 — Age: Years: 33 — Months: 3 — Days: 7

Sex: Male — Color or Race: White — Birthplace: Pa.

Occupation: Rail Road Labor — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Edith Wilson

Father's Name: Charles Miller — Father's Birthplace: Pa

Mother's Maiden Name: Margret Miller — Mother's Birthplace: Pa

Name of person giving In formation: Charles Miller — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Struck by Exp Train — How long: Instant

Immediate: Shock and Cerebal Hemorhage — How long: Instant

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R. R. Morris

Address: Parkton Md

Accident or ~~Suicide~~?

LIBRARY BUREAU A83516

Name in Full: Samuel Lewis Miller

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brucleyville — County: Balto

Date of death 1904: Month: 8 — Day: 8 — Age: Years: 72 — Months: 7 — Days: 8

Sex: Male — Color or Race: White — Birthplace: Hanstead Md

Married, Single or Widowed: Married — Occupation: Farmer

Name of Wife or Husband: Rachel A. Miller

Father's Name: Henry Miller — Father's Birthplace:

Mother's Maiden Name: Rebeca Ritter — Mother's Birthplace:

Name of person giving information: William Miller — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Turbuculosis — How long: 2 years

Immediate: Heart Failure — How long: 4 hrs

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr Rush MD

Address: Brickleyville Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Catharine A Moore

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Rockland; County: Baltimore

Date of death 1904: Month: 8; Day: 7; Age: Years: 76; Months: 2; Days:

Sex: Female; Color or Race: White; Birthplace: Baltimore

Occupation: Home Life; Where Residing if not at place of death:

~~Married, Single, or Widowed~~; Name of Wife or Husband: Thos. H. Moore (deceased)

Father's Name: Hugh De Valin; Father's Birthplace: Philadelphia

Mother's Maiden Name: Sarah Warley; Mother's Birthplace: Baltimor

Name of person giving Information: Hugh De Valin 43; How related to deceased: nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma of breast; How long: three years

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. Louis Mayer

Address: Pikesville Md

Accident or Suicide?

LIBRARY BUREAU 88818

Name in Full: Charles W. Mannis.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Sparrows Point — County: Baltimore

Date of death: Month: Aug. — Day: 15. — Year: 1904 — Age: Years: 26 — Months: 8 — Days:

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Glass Blower — Where Residing if not at place of death:

Married, ~~Single or Widowed~~ — Name of ~~Husband~~ Wife or: Margaret J. Durall

Father's Name: John Mannis — Father's Birthplace: N. J.

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: Mary Durall — How related to deceased: Mother in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Laryngeal Tuberculosis — How long: 4 Months.

Immediate: Pneumonia. — How long: Two weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. C. Eldred M.D.

Address: Sparrows Point Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88316

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Myrtle Minorca

Died at — Town: Canton — County: Balto

Date of death: Month: Aug — Day: 11 — Year: 1904 — Age: Years: 5 — Months: 6 — Days: —

Sex: Female — Color or Race: Col — Birthplace: Balto Co.

Occupation: child — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: J — Father's Birthplace: —

Mother's Maiden Name: Ella Minorca — Mother's Birthplace: Md

Name of person giving Information: Thomas Minorca — How related to deceased: Grandfather

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Lymphoid Tumor — How long: 3 weeks

Immediate: Perforation — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C W Arthur

Address: 5 Hudson Ave

Accident or Suicide? —

LIBRARY BUREAU AB6616

CERTIFICATE OF DEATH

Name in Full: Mrs. Abigail Murphy

Died at: Town: St. Agnes' Hospital; County: Balto. MARYLAND

Date of death: Month: August; Day: 1; 1904. Age: Years: 56; Months; Days

Sex: Female; Color or Race: White; Birthplace: Ireland

Occupation: Housework; Where Residing if not at place of death: 8 & 3 E agent st

Married, Single or Widowed: Widow; Name of Wife or Husband

Father's Name; Father's Birthplace

Mother's Maiden Name; Mother's Birthplace

Name of person giving Information; How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

40

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancerous growth of liver; How long

Immediate: Exhaustion; How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. T. Moore

Address: St. Agnes Hospl

Accident or Suicide?

LIBRARY BUREAU A88816

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Annie Murphy

Died at: Town: Mt Hope Patuxent — County: Baltimon

Date of death: Month: Aug — Day: 15-11 — Year: 1904 — Age: Years: 4 2 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Ireland

Occupation: None — Where Residing if not at place of death: Baltimon Md

Married, Single or Widowed: married — Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: Reds Mt Hope — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Malia Chronic — How long: —

Immediate: Exhaustion — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Frank J. Flannery

Address: Mt Hope Rer Lyn Mt Hope Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Annie Short Murray

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Charles St Bellona Ave County: Baltimore

Date of death 1904: Month: Aug 12 | Day: 8 | Years: 12 | Age: 74 | Months: 6 | Days: 12

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female | Color or Race: White | Birthplace: Penna

Married, Single or Widowed: Widow | Occupation:

Name of Wife or Husband: Jane B Murray

Father's Name: Anthony Short | Father's Birthplace: Penna.

Mother's Maiden Name: Margaret Marks | Mother's Birthplace: Penna

Name of person giving information: E.A. Jackson | How related to deceased: Son-in-Law

92

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Broncho pneumonia | How long: about 3 weeks

Immediate: Toxaemia exhaustion | How long: 1 week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Frank D. Smith

Address: 1126 Caltonsville Street Baltimore

Accident or Suicide? No

LIBRARY BUREAU A88316

Henry W Jackson & Sons
228 a Lombard St

E. Liberty Pittsburg

Dr Frank R. Smith
1126 Cathedral St

in at 4-6

Name in Full: Rebecca Mummert

CERTIFICATE OF DEATH

MARYLAND

Died at 221 Cedar Ave. Evergreen — Town — 1 Balt. Co. — County

Date of death 1904 — Month: Aug — Day: 6th — Age: Years 44 — Months 0 — Days 13

Sex: Female — Color or Race: White — Birthplace: Penna.

Occupation: None — Where Residing if not at place of death: 316 Sycamore Ave. Woodbury

Married, Single or Widowed: Widow — Name of Wife or Husband:

Father's Name: Daniel Reidick — Father's Birthplace: Pennsylvania.

Mother's Maiden Name: Sarah Hover — Mother's Birthplace: Pennsylvania.

Name of person giving Imformation: William H. Mummert — How related to deceased: Son

65

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral softening — How long: 5 months.

Immediate: Shock from a fall — How long: 19 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. T. Shower, M.D.

Address: 421 Roland Ave Balt.

Accident ~~or Suicide~~?

LIBRARY BUREAU A88618

Name in Full: William T. Myers Jr.

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Arlington County: Baltimore

Date of death	Month	Day	Years	Months	Days
1904	8	14	Age	10	

Sex: Male

Color or Race: White

Birthplace: Balto. Md.

Occupation: —

Where Residing if not at place of death: Arlington.

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Wm T. Myers

Father's Birthplace: Md.

Mother's Maiden Name: Annie M. Michael

Mother's Birthplace: Balto Md.

Name of person giving Information: Mary Michael

How related to deceased: Aunt

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inflammatory Disease

How long: 11 days

Immediate: "

How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. F. Handerly

Address: 510 E. Balto Md.

Accident or Suicide: —

LIBRARY BUREAU A6818

H. Sander & Sons.

Monument Cemetery

Name in Full: Emily Jane Nagle.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Halethorpe — County: Baltimore

Date of death: 1904 — Month: August — Day: 23½ — Age: Years 82 — Months 5 — Days 1

Sex: Female — Color or Race: White - — Birthplace: Catonsville. Md.

Occupation: Home — Where Residing if not at place of death: Halethorpe. Md

Married, Single or Widowed — Name of Husband: George Nagle -

Father's Name: Henry Brooks. — Father's Birthplace: Md.

Mother's Maiden Name: Gibbons - — Mother's Birthplace: Md

Name of person giving information: William E. Nagle — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of the Breast — How long: 1 Year

Immediate: Senile Asthenia — How long: 3 Months.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank H. Ruhl

Address: Lansdowne. Md

Accident or Suicide?

LIBRARY BUREAU A88616

Mrs. Priester & Sons

Louden Park

Name in Full: Alberta Nelson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Poplar Heights — County: Balto.

Date of death 1904 — Month: Aug — Day: 29 — Age — Years: 14 — Months: 8 — Days: 13

Sex: Female — Color or Race: Black — Birthplace: Md

Occupation: Domestic — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Horace W Nelson — Father's Birthplace: Va

Mother's Maiden Name: Susan White — Mother's Birthplace: Va

Name of person giving Information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 2 wks

Immediate: Meningitis — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. M. Williams

Address: 410 S. Patterson Pk. Ave

Accident or Suicide? No.

LIBRARY BUREAU A3951S

Name in Full: Marie Nickol

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Easton — County: Balto

Date of death 1904 — Month: Aug. — Day: 4th

Age — Years: — Months: 2 — Days: —

Sex: Female — Color or Race: White — Birthplace: Balto Co.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Mich J Nickol — Father's Birthplace: Balto City

Mother's Maiden Name: Annie Dotterweich — Mother's Birthplace: Balto Co.

Name of person giving In formation: Mich J Nickol — How related to deceased: Father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro - Enteritis — How long: 2 wks

Immediate: Inanition — How long: Some

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. A. Glenn M.D.

Address: 41 Easton Ave.

Accident or Suicide?

LIBRARY BUREAU A88816

Sacred Heart Cemetery

Aug. 6th 1904

Germanus Blanc

Undertaker

Name in Full

Basil Owens

Certificate of Death

Town: Catonsville County: Baltimore

Died at Catonsville MARYLAND

Date 1904 Month: Aug Day: 21 | Age Y. 40 M. D. | Native of Catonsville | Occupation Miller

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living

Husband of / Wife

Father's Name: Basil Owens Mother's Maiden Name: Hannah Ames

Cause of Death — Primary: Bronchitis — How long sick

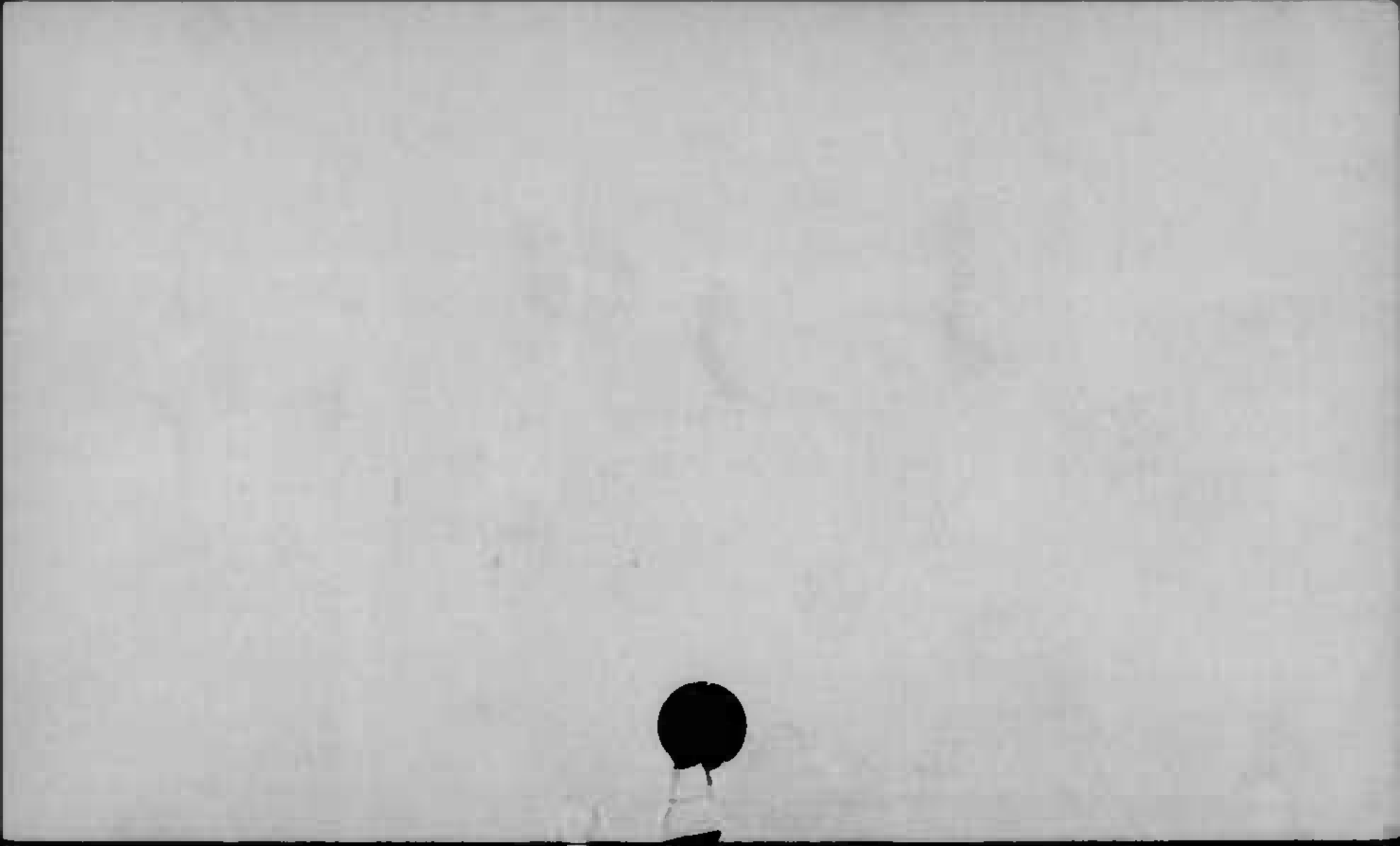
Immediate — Accident, Suicide, Homicide

Reported by William G. Nagle Coroner

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79892



Name in Full: Margaret Ellen Owens

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Towson — County: Baltimore

Date of death: Month: August — Day: 10th — 1904

Age — Years: 67. — Months: 1. — Days: 17.

Sex: Female — Color or Race: White — Birthplace: Baltimore

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Widowed — Name of Wife or Husband: Edward T. Owens

Father's Name: Louis Muller — Father's Birthplace: Germany

Mother's Maiden Name: Ellen Kimmeman — Mother's Birthplace: Maryland

Name of person giving Information: Edward B. Owens — How related to deceased: Step son.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma since 1898 — How long: 6 years

Immediate: Lobar Pneumonia — How long: 5 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. C. Massenburg

Address: Towson Md

Accident or Suicide? Murder

LIBRARY BUREAU A88516

H. H. Jenkins & Son

Greenmount

Name in Full: Mrs Annie Parks

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Benson | County: Balto

Date of death: Month: Jan | Day: 28 | Years: 86 | Months: — | Days: —

Sex: Female | Color or Race: Colored | Birthplace: Balto Co,

Occupation: — | Where Residing if not at place of death: Benson

Married, Single or Widowed: Widow | Name of Wife or Husband: John Parks

Father's Name: — | Father's Birthplace: —

Mother's Maiden Name: — | Mother's Birthplace: —

Name of person giving information: Annie Parks | How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cerebral Apoplexy | How long: 3 weeks

Immediate: | How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: [illegible]

Address: Rossville

Accident or Suicide?

LIBRARY BUREAU A888-10

Name In Full

Certificate of Death

Alfred Henri Paylore

Town

County

Died at Catonsville

Balto.

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Data Born	Sept. 1	Age	2	11	Md	None

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | Widow Widower | Divorced Number of children living

Husband of

Wife

Father's Name Jno H. Paylore

Mother's Name Edna E Paylore

Cause of Death — Primary Cerebral Complaint.

Immediate Congestion of Brain

How long sick

Accident, Suicide, Homicide

Reported by A. P. Berry

Address Catonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Amos Clinton Peregoy

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Int-Carmel — County: Balto

Date of death 1904 — Month: 8 — Day: 1 — Age — Years: 0 — Months: 4 — Days: 21

Sex: Male — Color or Race: White — Birthplace: Int Carmel

Married, Single or Widowed — Occupation

Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Edward Peregoy — Father's Birthplace: Forrestonburd

Mother's Maiden Name: Minnie Ashe — Mother's Birthplace: Int Carmel

Name of person giving information: Father — How related to deceased

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 1 week

Immediate: Heart Failure — How long: 24 hrs

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D. W. Rush M.D.

Address: Barkleysville, Md.

Accident or Suicide?

LIBRARY BUREAU A6D515

Name in Full: Child of Maude G Phelps & Chas E Phelps Jr

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Washington — County: Baltimore

Date of death 1904: Month: August — Day: 24 — Age: Years: Stillborn — Months — Days

Sex: Female — Color or Race: White — Birthplace: Mt Washington

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

Father's Name: Charles E Phelps Jr — Father's Birthplace: Md

Mother's Maiden Name: Maude G Tebbitt — Mother's Birthplace: Md

Name of person giving information: Geo W Dobbin — How related to deceased: Physician

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Retrouterine Asphyxia — How long: —

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? S.

Signature of Physician: Geo W Dobbin M.D.

Address: 66 W Biddle St Balto

Accident or Suicide?

LIBRARY BUREAU A98516

Henry W. Jenkins

Dr Geo W. Dabbin

56 W. Bracken St.

Druid Ridge Cemetery

Name in Full

George Norman Traeht

Certificate of Death

Died at Town Rockville County Prince Georges MARYLAND

Date 19 04 Month Aug. Day 29 | Age Y. 55 M. 1 D. | Native of Md | Occupation Broker

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ Widower | ~~Divorced~~ Number of children living 1

Husband of
Wife

Father's Name —

Mother's Maiden Name —

Cause of Death { Primary Myocarditis | How long sick

Immediate Complications of Heart | ~~Accident, Suicide, Homicide~~

Reported by Henry T. Coakley M

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

G. F. Hall
723 N. Lafayette Ave
Buffalo N.Y.

Green M. Cann

Name in Full: Donald R. Price

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Soldiers Delight — County: Balto

Date of death: Month: 8th — Day: 7 — 1904

Age: Years: — Months: 2 — Days:

Sex: Male — Color or Race: Black — Birthplace: Soldiers Delight

Occupation: — Where Residing if not at place of death: at place of death

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Donald Price — Father's Birthplace: Balto Co.

Mother's Maiden Name: Mary Figs — Mother's Birthplace: Balto Co

Name of person giving In formation: Henry Figs — How related to deceased: Grandfather

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro Intero colitis — How long

Immediate: Convulsions & Coma — How long: 1 hour

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr. J. Shipley Cust

Address: Granite Md.

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Infant. Rich

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catonsville; County: Baltimore

Date of death 190 4: Month: Aug; Day: 7

Age: 6 Hours ~~Years~~ ~~Months~~ ~~Days~~

Sex: Male

Color or Race: Colored

Birthplace: Maryland

Married, Single or ~~Widowed~~: Single

Occupation: —

Name of ~~Wife~~ or Husband:

Father's Name: John Rich

Father's Birthplace: Va

Mother's Maiden Name: Annie Webb

Mother's Birthplace: Md

Name of person giving information: J. A. Bishop

How related to deceased: None

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Defect heart action (congenital) — How long: about 6 hrs

Immediate: syncope — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. E. Harris M.D.

Address: 1344 Druid Hill Ave Baltimore City

Accident or Suicide? —

LIBRARY BUREAU A8851G

Name in Full: Conrad Shafer Riffle

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Woodlawn Inc. Arlington | County: Balto Co

Date of death: 1904 Month: Aug Day: 5th | Age: Years: 1 Months: 5 Days: 28

Sex: male | Color or Race: white | Birthplace: Woodland Ave

Occupation: infant | Where Residing if not at place of death:

Married, Single or Widowed: | Name of Wife or Husband:

Father's Name: Jas Harry Riffle | Father's Birthplace: Balto

Mother's Maiden Name: Florence Shafer | Mother's Birthplace: Balto

Name of person giving Information: | How related to deceased:

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TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Gio. Colitis | How long: 12 Days

Immediate: " | How long:

Are the name, age, sex, color, date and place correctly given above? Yes | Signature of Physician: R. A. Hardesty

Address: 5 & E. Cliff.

Accident or Suicide?

LIBRARY BUREAU A899516

Stewart & Mowen
for interment in
Green Mount Cemetery
Monday Morning aug 8th 1904
S. F. M

Name in Full: Mary Romenberg

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: St. Agnes' Hospital — Town — County: Balto. — MARYLAND

Date of death	Month	Day	Years	Months	Days
1904	8	21	Age 26		

Sex: Female — Color or Race: White — Birthplace: Germany

Occupation: Housework — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: — How related to deceased:

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long:

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. T. Mara

Address: St. Agnes. Hospital

Accident or Suicide?

LIBRARY BUREAU A88818

W. F. Sadowski.

St Stanislaus.

Name in Full: John Roth

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton — County: Balto

Date of death 1904: Month: 4 — Day: 15 — Age: Years: 30 — Months: 4 — Days: 8

Sex: Male — Color or Race: White — Birthplace: Baltimore

Married, Single or Widowed: Married — Occupation: Laborer

Name of Wife or Husband: Mary Roth

Father's Name: Matthew Roth — Father's Birthplace: Balto Md

Mother's Maiden Name: Mary Mathews — Mother's Birthplace: Balto Md

Name of person giving information: Mary Roth — How related to deceased: Wife

93

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia & Pleurisy with Effusion — How long: 10 weeks

Immediate: Remittent Fever — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. A. Bendrick M.D.

Address: 13 N. Broadway, Baltimore Md.

Accident or Suicide? No

LIBRARY BUREAU A66516

Trinity Cemetery

H. Sander & Sons

Name in Full: Jacob Rumpf.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Canton — County: Balto.

Date of death: 1904 — Month: Aug. — Day: 31st — Years: — — Months: — — Days: 6 days

Sex: Male — Color or Race: White — Birthplace: Balto Co.

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Jacob C Rumpf. — Father's Birthplace: Balto Co

Mother's Maiden Name: Mary E Williams — Mother's Birthplace: Balto Co.

Name of person giving In formation: Jacob C Rumpf. — How related to deceased: Father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Convulsions — How long: One day

Immediate: Cardiac Syncope — How long: One hour

Are the name, age, sex, color. date and place correctly given above? Yes

Signature of Physician: W.W. Jones

Address: 3116 O'Donnell St

Accident or Suicide?

LIBRARY BUREAU A88316

Mount Carmel

Sept 1st 1904

Germaine Tirance.

Name in Full: Margaret Sauer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fork — County: Balto

Date of death: Month: Aug — Day: 10 — 1904

Age: Years: 5y 4 — Months: — — Days: —

Sex: Female — Color or Race: Mulo — Birthplace: Md

Occupation: House wife — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of ~~Wife or~~ Husband: August Sauer

Father's Name: Jacob Mumpfshuyser — Father's Birthplace: Md

Mother's Maiden Name: Howard — — Mother's Birthplace: Md

Name of person giving Information: Henry Schultz — How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Brights Disease — How long: 6 years

Immediate: Blood Poison — How long: 2 wks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J F Grund

Address: Fork Md

Accident or Suicide?

LIBRARY BUREAU A888-16

Name in Full: Ethel M. Schuckle

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Pikesville (County) Baltimore

Date of death 1904 Month 8 Day 6

Age Years — Months 2 Days 8

Sex Female Color or Race White Birthplace Pikesville

Married, Single or Widowed —

Occupation —

Name of Wife or Husband —

Father's Name Chas Schuckle Father's Birthplace Md.

Mother's Maiden Name Cora Causey Mother's Birthplace "

Name of person giving In formation Chas. Schuckle How related to deceased Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Marasmus How long 2 mths

Immediate Exhaustion How long several days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician W. F. Nye

Address Pikesville Md

Accident or Suicide? 1358

LIBRARY BUREAU A88616

David Ridge

Name in Full: Elizabeth Schmidt

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Westport; County: Baltimore

Date of death: Month: August; Day: 2nd; 1904

Age: Years: 57; Months: 11; Days: 7

Sex: Female

Color or Race: White

Birthplace: Germany

Occupation: House Work

Where Residing if not at place of death: Westport Md

Married, Single or Widowed: Widow

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: George Wolf

Father's Birthplace: Germany

Mother's Maiden Name: unknown

Mother's Birthplace: Germany

Name of person giving information: Annie K. March

How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of the Uterus.

How long:

Immediate: General Breaking and Wasting away

How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: B. S. French

Address: 603 S. Fremont St Balt md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full Catherine M Schultz

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Mt Winans — County: Balto

Date of death 1904 — Month: Aug — Day: 13 — **Age** — Years: — Months: — Days: 23

Sex: Female — Color or Race: White — Birthplace: Mt Winans

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: Antone Schultz — Father's Birthplace: Balto city

Mother's Maiden Name: Catherine Miser — Mother's Birthplace: Mt Winans

Name of person giving information: Antone Schultz — How related to deceased: Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Peritonitis — How long: 3 days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: B Hall

Address: Mt Winans

Accident or Suicide?

LIBRARY BUREAU A88816

Lombard

London Park

Name in Full: William I Shock

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Towson — County:

Date of death 1904 — Month: August — Day: 2nd

Age — Years: 41 — Months: 11 — Days: 25-

Sex: Male — Color or Race: White — Birthplace: Baltimore County

~~Married~~, Single or Widowed — Occupation: none

Name of Wife or Husband:

Father's Name: John B Shock — Father's Birthplace: Baltimore County

Mother's Maiden Name: Harriet C Ritter — Mother's Birthplace: Baltimore County

Name of person giving In formation: Ira E Shock — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cirrhosis of Liver + Hemorrhage of Kidneys — How long: one year

Immediate: Convulsions — How long: four days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D H C Garrett

Address: Towson Md

Accident or Suicide?

LIBRARY BUREAU A88316

William S. Fry

221 S Broadway

Yours Sincerely,

Name in Full: George William Rayfield Shorter

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Towson; County: Balto

Date of death: Month: 8; Day: 15; 1904

Age: Years: 4 Mos.; Months; Days

Sex: Male

Color or Race: Black

Birthplace: Balto. County

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Dont Know

Father's Birthplace: Unknown

Mother's Maiden Name: Annie Nolan

Mother's Birthplace: Unknown

Name of person giving information: Geo. Nolan

How related to deceased: Uncle

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum

How long: One week

Immediate: Exhaustion

How long: One week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H S Jarrett

Address: Towson, Md

Accident or Suicide? No

LIBRARY BUREAU A88616

John Burns Sons

United Brethren
cem.
Ballo
Co.

Name in Full: Irving Carroll Shultz

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annacost — County: Baltimore

Date of death 1904: Month: 8 — Day: 1

Age: Years: — Months: 6 — Days:

Sex: Male — Color or Race: White — Birthplace: Annacost. Md.

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: Andrew Schultz — Father's Birthplace:

Mother's Maiden Name: Florence Miller — Mother's Birthplace:

Name of person giving information: Thomas Shultz — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Whooping Cough — How long: 5 wks.

Immediate: Cholera Infantum — How long: 4 dys

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Edgar M. Bush M. D

Address: Hampstead, Md.

Accident or Suicide? —

LIBRARY BUREAU A88316

Name in Full: William E Sieck

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Catonsville — County: Baltimore

Date of death: 1904 — Month: Aug — Day: 23 — Years: Age 41 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Baltimore

Occupation: Merchant — Where Residing if not at place of death: York Pa

~~Married~~, Single or Widowed: Married — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Charles H Sieck — How related to deceased: brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Sun Stroke — How long: Two week

Immediate: Exhaustion from acute Mania — How long: Three or four days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: [illegible] MD

Address: Catonsville Md

Accident or Suicide?

LIBRARY BUREAU ABB316

Name in Full: William H. Sinclair

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton — County: Balt

Date of death 190 4: Month: Aug — Day: 26 — Age: Years: 58 — Months: — — Days: —

Sex: M — Color or Race: W — Birthplace: Balt Md

Married, ~~Single or Widowed~~ — Occupation: Saloon

Name of Wife ~~or Husband~~: Louisa A. Sinclair

Father's Name: Dont Know — Father's Birthplace: —

Mother's Maiden Name: Dont Know — Mother's Birthplace: —

Name of person giving information: Wm H. Sinclair Jr — How related to deceased: Son

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Aortic Insufficiency — How long: 3 months

Immediate: Cardiac Syncope — How long: one day

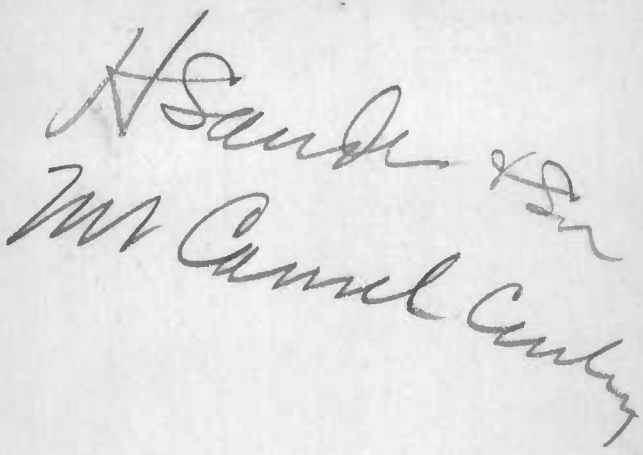
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: David W. Jones

Address: 3116 O'Donnell St

~~Accident or Suicide~~?

LIBRARY BUREAU ARB516



Name in Full: James Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bosley; County: Balto.

Date of death	Month	Day	Age	Years	Months	Days
1904	Aug	5		75	6	5

Sex: male | Color or Race: white | Birthplace: Balto Co

Occupation: Labor. | Where Residing if not at place of death: Bosley

Married, Single or Widowed: Married | Name of Wife or Husband: of Ellen Smith

Father's Name: Henry Smith | Father's Birthplace: England

Mother's Maiden Name: Ellen Daniels | Mother's Birthplace: Balto

Name of person giving In formation: Ellen Smith | How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

		How long
Primary	General debility & old age	1 yr
Immediate	Cardiac Asthma	24 hours

Are the name, age, sex, color. date and place correctly given above? Yes

Signature of Physician: F. Boyston Purnell M.D.

Address: Towson Md.

Accident or Suicide?

LIBRARY BUREAU A88516

John Burns Sons

Soter's Cemetery

Name in Full: Mc Elridge Smith

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Sparrowspoint — County: Baltimore

Date of death	Month	Day	Years	Months	Days
1904	Aug	6th	Age	8 mo	

Sex: Male — Color or Race: colored — Birthplace: Sparrowspoint

Occupation: — Where Residing if not at place of death: Sparrowspoint

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Clem Smith — Father's Birthplace: Virginia

Mother's Maiden Name: Cornelia Irvin — Mother's Birthplace: Virginia

Name of person giving Imformation: Clem Smith — How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 1 week

Immediate: exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: G. C. McCormick MD

Address: Sparrowspoint Md

Accident or Suicide? no

LIBRARY BUREAU A88816

Name in Full: Margaret A Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: annapolis Road — County: Balto

Date of death 1904: Month: 8 — Day: 25

Age: Years: — Months: 4 — Days:

Sex: Female — Color or Race: White — Birthplace: Balto Co

Married, Single or Widowed: X — Occupation:

Name of Wife or Husband: x

Father's Name: Frank Smith — Father's Birthplace: Md

Mother's Maiden Name: Mary Hynes — Mother's Birthplace: Md

Name of person giving information: Mary Smith — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inanition — How long: 4 mo

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: B Hall

Address: Mt Winans

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Della F. Spears.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Catonsville — County: Baltimore

Date of death: 1904 August 13 — Age: 8 Years 5 Months — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Catonsville

Occupation: — — Where Residing if not at place of death: Catonsville

[illegible], Single or [illegible] — Name of [illegible] or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Richard Spears. — Father's Birthplace: Catonsville

Mother's Maiden Name: Bessie Standstile — Mother's Birthplace: Catonsville

Name of person giving Imformation: Richard Spears. — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Drank ½ pt whiskey — How long: —

Immediate: Alcohol poison — How long: 12 hours.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Marshall B. West

Address: Catonsville Md.

Accident or [illegible]

LIBRARY BUREAU A88516

Name in Full: Harold Ronald Stonesifer

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Highlandtown — County: Balto.

Date of death: Month: Aug. — Day: 2nd — Year: 1904 — Age: Years — Months: 3 — Days: 28

Sex: Male — Color or Race: White — Birthplace:

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Frank B. Stonesifer — Father's Birthplace: Md.

Mother's Maiden Name: Verna L. Woodward — Mother's Birthplace: N. Y.

Name of person giving information: Frank B. Stonesifer — How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Entero-Colitis — How long: 5 days.

Immediate: Cardiac Exhaustion — How long: 2 hrs.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. A. Glantz M.D.

Address: 41 Eastern Ave E.H.

Accident or Suicide?

LIBRARY BUREAU A88016

Oak Lawn Cemetery

Interments

Name in Full: Martin Strohecker

CERTIFICATE OF DEATH

MARYLAND

Town: Died at 527 East Ave. County: Balto Co.

Date of death: Month Aug. Day 26th

Age: Years 13 Months 11 Days 23

Sex: Male

Color or Race: White

Birthplace: Baltimore City

Occupation: School Boy

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: John Strohecker

Father's Birthplace: Baltimore

Mother's Maiden Name: Annie Schaar

Mother's Birthplace: Baltimore

Name of person giving information: John Strohecker

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever

How long: 2 Wks 2 Ds

Immediate: Collapse.

How long: —

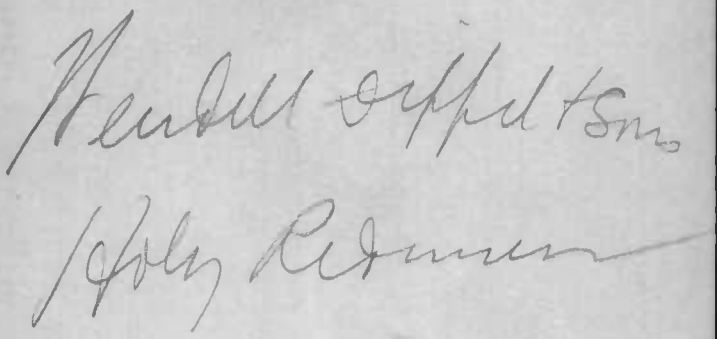
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Herman J. Gerring M.D.

Address: 1437 Eastern Ave.

Accident or Suicide?

LIBRARY BUREAU A88816



Name in Full: Edwin Roulette Stringer Jr

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Glyndon — County: Balto.

Date of death 1904: Month: Aug — Day: 13 — Age: Years: — Months: 5 — Days: 17

Sex: Male — Color or Race: White — Birthplace: Baltimore

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: X — Name of Wife or Husband: X

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Edwin Roulette Stringer — Father's Birthplace: Md

Mother's Maiden Name: Blanche Harper — Mother's Birthplace: Md

Name of person giving information: E R Stringer — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: Six days

Immediate: Collapse — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J Rawl Price

Address: Glyndon

Accident or Suicide?

LIBRARY BUREAU A83516

Name in Full: Martin Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Highlandtown — County: Baltimore

Date of death 190 4 — Month: 8 — Day: 7 — Age — Years: 33 — Months: 11 — Days: 19

Sex: Male — Color or Race: White — Birthplace: Baltimore

Married, Single or Widowed: Married — Occupation: Cornmaker

Name of Wife or Husband: Mary Thomas

Father's Name: Conrad Thomas — Father's Birthplace: Germany

Mother's Maiden Name: Elizabeth Zink — Mother's Birthplace: Germany

Name of person giving In formation: Mary Thomas — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Phthisis — How long: 2 years

Immediate: Exhaustion — How long: 1 mo.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Fredrik Carnelius

Address: 2229 E. Baetz St

Accident or Suicide?

LIBRARY BUREAU A88519

Baltimore Cemetery

H. Sauter & Sons

Name in Full: Paul T. Thomas,

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: — County: Baltimore

Date of death: Month: Aug — Day: 31 — Year: 1904 — Age: Years: — Months: 10 — Days: 20

Sex: Male — Color or Race: Co White — Birthplace: Balto Co,

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Carroll H Thomas — Father's Birthplace: Balto City

Mother's Maiden Name: Anna Horton — Mother's Birthplace: Baltimore

Name of person giving Information: — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro Enteritis — How long: 10 D

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Copy

Signature of Physician: W Washburn

Address: 2125 Druid Hill Ave

Accident or Suicide:

LIBRARY BUREAU A69316

Name in Full: Elmer Thompson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt. Carmel — County: Baltimore

Date of death 190 4 — Month: Aug — Day: 9

Age — Years: — Months: 4 — Days:

Sex: Male — Color or Race: White — Birthplace: Mt. Carmel Md.

Occupation:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: George Thompson — Father's Birthplace: Md.

Mother's Maiden Name: Martha Peregoy — Mother's Birthplace: Md.

Name of person giving Information: Martha Thompson — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Meningitis — How long: Few days

Immediate: Epidemic Cerebro Spinal — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. R. Medairs, M.D.

Address:

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A83516

Name in Full: Alice Virginia Tovey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ilchester — County: Baltimore

Date of death: Month: Aug — Day: 11 — 1904

Age: Years: 19 — Months: 9 — Days: 7

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: Silk Weaver — Where Residing if not at place of death: —

~~Married~~, Single or Widowed — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James E. Tovey — Father's Birthplace: Md.

Mother's Maiden Name: Alice V. Puckett — Mother's Birthplace: Md.

Name of person giving information: Margaret J. Tovey — How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Cerebral Meningitis — How long: 2 1/3 days

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm P Glambill

Address: Ilchester, Md

Accident or Suicide?

LIBRARY BUREAU A48515

Name in Full: Magdalena Trapp

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Blenheim — County: Baltimore

Date of death 1904: Month: Aug. — Day: 30 — Years: Age 82 — Months: 7 — Days: 21

Sex: Female — Color or Race: White — Birthplace: Germany

Occupation: ——— — Where Residing If not at place of death: ———

Married, Single or Widowed: Widow — Name of ~~Wife or~~ Husband: Fred. Trapp (deceased)

Father's Name: John Beck — Father's Birthplace: Germany

Mother's Maiden Name: M. Lung — Mother's Birthplace: "

Name of person giving In formation: Fred. Trapp — How related to deceased: son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: old age — How long: ———

Immediate: Cancer of neck. — How long: 3 months

Are the name, age, sex, color, date and place correctly given above? I

Signature of Physician: Jno. A. Green

Address: Gittings Md.

Accident or ~~Suicide~~?

LIBRARY BUREAU Aoes16

Name in Full: Marie VanLill.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Catonsville — County: Baltimore

Date of death 1904: Month 8 — Day 3 — Age: Years 18 — Months 1 — Days 10

Sex: female — Color or Race: white — Birthplace: Baltimore

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband: —

Father's Name: S. J. Vanlill — Father's Birthplace: Baltimore

Mother's Maiden Name: Annie Schmidt. — Mother's Birthplace: Baltimore

Name of person giving Imformation: S. J. Vanlill — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Os Tuberculosis. — How long: 8 months

Immediate: Sarcoma of Left Lung — How long: 7 months

Are the name, age, sex, color, date and place correctly given above?

Signature Physician: Chas. G. Macgill

Address: Catonsville Md

Accident or Suicide?

LIBRARY BUREAU A82316

Funeral. Aug 6/904

Bonnie Brae

Wm Cook

Name in Full: Marion E. Vanbuskirk

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sparrows Point — County: Baltimore

Date of death 1904: Month: Aug. — Day: 15th

Age: Years: — Months: 2 — Days: —

Sex: Female — Color or Race: White — Birthplace: Sparrows Point

Occupation: None — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Warren B. Vanbuskirk — Father's Birthplace: New York

Mother's Maiden Name: Mary E Kilbitt — Mother's Birthplace: New York

Name of person giving information: Warren Vanbuskirk — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intestinal Hemorrhage — How long: 7 days

Immediate: Exhaustion — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. C. Eldred

Address: Sparrows Point Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88316

Name in Full: Marie Grace Vidler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Govanstown; County: Balto.

Date of death 1904: Month: Aug; Day: 16

Age: Years: 0; Months: 5; Days: 29

Sex: Female; Color or Race: white; Birthplace: Balto city.

Married, Single or Widowed: child; Occupation: —

Name of Wife or Husband: —

Father's Name: George A. Vidler; Father's Birthplace: New Foundland

Mother's Maiden Name: Blanche Etzlberger; Mother's Birthplace: Balto City

Name of person giving information: Geo A Vidler; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Ileo Colitis; How long: 5 weeks

Immediate: anaemia; How long: 1 week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H C Hebbeln M.D.

Address: Sta. H. (Govans) Baltimore

Accident or Suicide?

LIBRARY BUREAU A69916

Name in Full: Rebecca Waters

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Long Green; County: Baltimore

Date of death 1904: Month: Aug.; Day: 2

Age: Years: 60; Months: ; Days:

Sex: Female

Color or Race: Colored

Birthplace: Md.

Occupation: Servant

Where Residing if not at place of death:

Married, Single or Widowed: Married but separated from husband

Name of Wife or Husband: Alex. Brown

Father's Name: Chas. Waters

Father's Birthplace: Unknown

Mother's Maiden Name: Unknown

Mother's Birthplace: "

Name of person giving Information: Chas. Howard

How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary:

Immediate: Natural Causes

How long

How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician & Coroner: No Physician in attendance Coroner deemed inquest unnecessary

Address: Slade Bros. Co. Undertakers Long Green Md.

Accident or Suicide?

LIBRARY BUREAU AB8818

Name in Full: Littleton Brooke Wessells

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Arlington MD County: Baltimore

Date of death: 1904 Month: 8 Day: 11 Age: Years: 59 Months: 5 Days: 16

Sex: Male Color or Race: White Birthplace: Accomac Co. Va.

Occupation: Farmer Where Residing if not at place of death: Baltimore 1524 Lombard St

Married, Single or Widowed: Widower Name of Wife or Husband: Isabelle Hollis Wessells

Father's Name: Isaac Wessells Father's Birthplace: Accomac Co Va

Mother's Maiden Name: Elvira Thornton Mother's Birthplace: Accomac Co Va

Name of person giving Information: Mrs Wm C Bacon How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis How long: 4 mo.

Immediate: Asphyxia How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Jam[illegible] Houston MD.

Address: 3310 W. North Ave

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Mary Julia Wheeler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Reisterstown; County of: Baltimore

Date of death 190 4: Month: August; Day: 10th; Years: Age 44; Months: 4; Days: 14

Sex: Female; Color or Race: White; Birthplace: Staunton, Va

Occupation: None; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: Joseph R. Wheeler; Father's Birthplace: Alexandria Va

Mother's Maiden Name: Julia C. Wheeler; Mother's Birthplace: Louisville, Ky

Name of person giving Information: Joseph R. Wheeler Jr; How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long: —

Immediate: Consumption. How long: 6 months

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. M. White M.D

Address: Glyndon. Md.

Accident or Suicide? —

LIBRARY BUREAU A99818

Name in Full: Katie Wirgand

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Canton (Town) — Balt (County)

Date of death 190 4 — Month: 8 — Day: 13

Age — Years: 1 — Months: — — Days: 4

Sex: Female — Color or Race: W — Birthplace: Balt Co. Md

~~Married~~, Single, ~~Widowed~~ — Occupation:

Name of ~~Wife or~~ Husband:

Father's Name: Henry Wirgand — Father's Birthplace: Md

Mother's Maiden Name: Lizzie Gerlach — Mother's Birthplace: Md

Name of person giving Information: Mrs L. Wirgand — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Spinal meningitis — How long: 2 weeks

Immediate: Exhaustion — How long: one day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. A. Jones

Address: 3116 O'Donnell St

Accident or Suicide? ~~Accident or Suicide?~~

LIBRARY BUREAU A88931A

Trinity Cemetery

H. Sander & Son.

Name in Full: Evyvonne Wilson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highland; County: Baltimore

Date of death 1904: Month: Aug.; Day: 26

Age: Years: —; Months: 1; Days: 3

Sex: Female; Color or Race: White; Birthplace: Balto Co.

Married, Single or Widowed: Single; Occupation: None

Name of Wife or Husband: —

Father's Name: J. William C. Wilson; Father's Birthplace: Balto Md.

Mother's Maiden Name: Anna M. Riley; Mother's Birthplace: Pennsylvania

Name of person giving In formation: James W. C. Wilson; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Infantum.; How long: 9 days.

Immediate: Exhaustion.; How long: 4 hours.

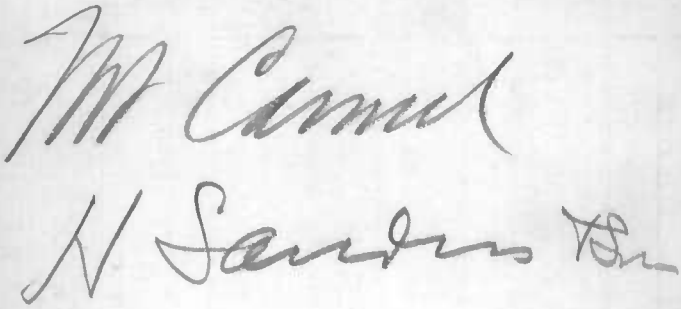
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. L. Greenfield

Address: 3 Eng Borough Highland Town

Accident or Suicide? No

LIBRARY BUREAU A88310



Name in Full: Mrs Jean Wilson

CERTIFICATE OF DEATH

MARYLAND

Died: Town: Fort Howard — County: Baltimore

Date of death 1904: Month: August — Day: 20 — Age: Years: 29 — Months: 11 — Days: 20

Sex: Female — Color or Race: Cobile — Birthplace: London Ont Canada.

Married, Single or Widowed: married — Occupation: Housewife

Name of Wife or Husband: 1st Lieut Compton Wilson, Coast Surg. U.S.A.

Father's Name: John Burnett — Father's Birthplace: London Ont.

Mother's Maiden Name: Mary Forgues Burnett — Mother's Birthplace: Rutherford Scotland

Name of person giving information: 1st Lieut. C. Wilson Coast Ly. — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Labor — How long: 3 hours.

Immediate: Asthenia, antepartum hemorrhage — How long: 4 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: 1st Lt. C. C. Wilson Coast Art. C.

Address: Fort McHenry, Maryland.

Accident or Suicide? Accident

LIBRARY BUREAU A8931S

Name in Full: Mary Ann Wilson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pulaski County: Baltimore

Date of death 1904: Month: May Day: 19

Age: Years: 87 Months: — Days: —

Sex: Female Color or Race: White Birthplace: Balto. Co.

Married, Single or Widowed: Widow Occupation: Domestic

Name of ~~Wife or~~ Husband: Dickson Wilson

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: Daughter How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Arteria-Sclerosis How long: Several years

Immediate: Cerebral Hemorrhage How long:

Are the name, age, sex, color, date and place correctly given above?: Yes

Signature of Physician: Lingard ~~deWitt~~ Fast

Address: Pikesville, Md.

Accident or Suicide?: No

LIBRARY BUREAU A38516

Entermnt Fowler Cem
Putty hill Belair Road

Geo. W. Grammer
undertaker

Name in Full: Twin Wise

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Raspeburg — County: Baltimore

Date of death 1904 — Month: August — Day: 12 — Years: Age 80 — Months — Days

Sex: Male — Color or Race: Negro — Birthplace: Baltimore Co

Married, Single or Widowed: Widower — Occupation: Laborer

Name of Wife or Husband: —

Father's Name: Nicholas Wise — Father's Birthplace: Baltimore Co

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving information: Gustus Giddings — How related to deceased: Nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General paralysis — How long: 2 weeks

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jos. B. Webster M.D.

Address: Raspeburg Md

Accident or Suicide?

LIBRARY BUREAU A88618

Gatch Cemetery

Name in Full: Henry S. Witzigchowski

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND.

Died at: Town: Mt Winans; County: Balto

Date of death 1904: Month: 8; Day: 30; Age: Years: 3; Months; Days

Sex: Male; Color or Race: White; Birthplace: Md

Married, Single or Widowed; Occupation

Name of Wife or Husband

Father's Name: Frederick Witzigchowski; Father's Birthplace: Germany

Mother's Maiden Name: Caroline Kudwig; Mother's Birthplace: Germany

Name of person giving information: Caroline Witzigchowski; How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus; How long: 14 days

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W S Hall

Address: Mt Winans

Accident or Suicide?

LIBRARY BUREAU A83516

Name in Full: August Wolf

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: [illegible] — County: Baltimore

Date of death 1904 — Month: 8 — Day: 2

Age — Years: [illegible] — Months: [illegible] — Days: [illegible]

Sex: Male

Color or Race: White

Birth-place: New York

Married, Single or Widowed: Single

Occupation:

Name of Wife or Husband:

Father's Name: August Wolf

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving In formation: John Esserich

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary:

How long:

Immediate: being struck by a locomotive

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of ~~Physician~~ Coroner: Fred L Pfeffer

Address: 1218 First St

Accident ~~or Suicide?~~

LIBRARY BUREAU A88516

Crowley Bros
at New York City

Name in Full: Charles Handfield Wyatt

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Roland Park; County: Baltimore

Date of death: Month: August; Day: 2nd; 1904

Age: Years: 68; Months: ; Days:

Sex: Male

Color or Race: White

Birthplace: Baltimore

Occupation: Lawyer

Where Residing if not at place of death:

Married, Single or Widowed: Widower

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William Edward Wyatt

Father's Birthplace: Nova Scotia

Mother's Maiden Name: Frances Billop

Mother's Birthplace: New York State

Name of person giving Information: J. B. Rock Wyatt

How related to deceased: Nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Arteriosclerosis & Nephritis

How long: 2 years

Immediate: Nephritis.

How long: about one week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. D. Atkinson

Address: 609 Cathedral St

Accident or Suicide? —

LIBRARY BUREAU A66518

Henry W. Jenkins, Sons & Co

233 Saraloga St.

Funeral Thurrday Aug 4th

1904

St Paul Cem"

Baltimore Md

Dr. Samuel A. Kennedy
21 W. Chase St.

Name in Full: Albert Yarnell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Middle River — County: Balt

Date of death	Month	Day	Years	Months	Days
1904	aug	20	Age —	5	15

Sex: Male — Color or Race: white — Birthplace: md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jno Yarnell — Father's Birthplace: Germany

Mother's Maiden Name: Mary Novortzki — Mother's Birthplace: Germany

Name of person giving Information: Mary Yarnell — How related to deceased: mother

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 2 days

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John D Hanson MD

Address: Middle River MD

Accident or Suicide? No

LIBRARY BUREAU A66016

Name in Full: Robert E Zachman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hulbville — County: Balto.

Date of death	Month	Day	Years	Months	Days
1904	Aug	19	Age	6	28

Sex: Male — Color or ~~Race~~: White — Birthplace: Balto Co Md

Occupation: — Where Residing if not at place of death: —

~~Married~~, Single or ~~Widowed~~ — Name or Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name	Louis Zachman	Father's Birthplace	Hanover Pa
Mother's Maiden Name	Sarah E. Frazier	Mother's Birthplace	Howard Co Md
Name of person giving Information	Louis Zachman	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Gastritis	How long	4 Weeks
Immediate	Exhaustion	How long	6 Days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E L Leonhard M D

Address: 841 Lowes Balto Md

Accident or Suicide? —

LIBRARY BUREAU A8J816

London Park

Name in Full

John H Bouch

Certificate of Death

Town: Forestville County: Balto. MARYLAND

Died at

Date 1904 Month 8 Day 31

Age Y. 69 M. 4 D. 11

Native of

Occupation Farmer

Male ~~Female~~

White ~~Colored~~

Married ~~Single~~ Widow Widower ~~Divorced~~

Number of children living 4

Husband ~~Wife~~ of Barbara Ann

Father's Name John Bouch

Mother's Name Mary Garner

Cause of Death: Primary

Immediate Apoplexy Sudden

How long sick

Accident, Suicide, Homicide

Reported by B F Bouch M D

Address Mt Carmel

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79206